EXTENDED TO MAY 16, 2022

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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

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

Open to Public Inspection

A F	or the	e 2020 calendar year, or tax year beginning $$ JUL $1,2020$	ل ending	UN 30, 2	021	
B c	heck if pplicabl	C Name of organization		D Employer ic	dentific	cation number
	_Addre	• THE SCHOOL FOUNDATION, INC.				
	Name chang	Doing business as		57-10	927	<u>59</u>
]Initial return Final return	· · · · · · · · · · · · · · · · · · ·	Room/suite L 7 5	E Telephone n		r 2-9996
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts		763507.
	Amen			H(a) Is this a g		
	Application	F Name and address of principal officer:JEFF HELTON				? Yes X No
	pendi.	SAME AS C ABOVE		1		ncluded? Yes No
17	ax-ex	empt status: X 501(c)(3)	or 527	1 ' '		list. See Instructions
JV	/ Vebsi	te; > THESCHOOLFOUNDATION.ORG		H(c) Group exe		
KF	orm of	organization; X Corporation Trust Association Other	L Year			1 State of legal domicile: SC
	ırt I	Summary				
о	1	Briefly describe the organization's mission or most significant activities: THE	CHOOL	FOUNDAT	ION	, INC.
Governance		("ASSOCIATION") IS A VOLUNTARY ASSOCIATION	ON OF	INDIVIDU	ALS	OPERATED
Ţ	2	Check this box if the organization discontinued its operations or dispos	than 25% of its	net as	sets.	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			3	23
ري ص		Number of independent voting members of the governing body (Part VI, line 1b)				23
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	************		5	2
Ϋ́	· 6	Total number of volunteers (estimate if necessary)	,		6	0
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	128692.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		• • • • • • • • • • • • • • • • • • • •	7b	0.
				Prior Year		Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		635	33.	140107.
		Program service revenue (Part VIII, line 2g)			0.	0.
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1349	46.	171087.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	22300.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		1984		333494.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	170128.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
ès		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		528		106535.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
X		Total fundraising expenses (Part IX, column (D), line 25) 2663			4.4	
М		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		598		88788.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1127		<u>365451.</u>
<u>_ </u>	19	Revenue less expenses. Subtract line 18 from line 12		857		<u>-31957.</u>
ts o			Be	ginning of Current		End of Year
Sse	20	Total assets (Part X, line 16)		23525		2736798.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	,	1602		<u> 165658.</u>
	<u> 22</u> 11 1	Net assets or fund balances. Subtract line 21 from line 20		21922	68.	2571140.
		ilties of perjury, I declare that I have examined this return, including accompanying schedules	and atalam	anda and to the he	at at m	u kan unda dan and hallof it in
		st, and complete. Declaration of preparer (other than officer) is based on all information of wh				y knowledge allo belief, it is
1100,	COLLEC	is, and complete. Declaration of preparer (other than officer) is based on all fillor mation of with	ion preparer	nas any knowledg	G.	
Sign		Signature of officer		Date		
Her		JEFF HELTON, CHAIRMAN				
1101		Type or print name and title				
		Print/Type preparer's name Preparer's signature		Date c	heck	PTIN
Paid		ALBERT A. MUNN, IV, CPA		i if		
Prep		Firm's name MUNN & ASSOCIATES, PC				57-0902671
Use		Firm's address 1461 WEST EVANS STREET			··· •	<u>0, 0,000/1</u>
		FLORENCE, SC 29501		Phone n	n.84	3-678-9544
May	the II	RS discuss this return with the preparer shown above? See instructions		1 11011011	.J. V Z	X Vas No

Form:	990 (2020) THE SCHOO	L FOUNDATION,]	INC.	57-1092759 Page 2
Par	III Statement of Program Service	ce Accomplishments		
	Check if Schedule O contains a respo	nse or note to any line in this i	Part III	X
1	Briefly describe the organization's mission:			
	THE SCHOOL FOUNDATION	PROMOTES EDUCAT	TONAL EXCELLENCE IN	N FLORENCE 1
	SCHOOLS THROUGH GRANTS			
	<u>INITIATIVES DESIGNED T</u>	O PREPARE ALL S	TUDENTS FOR SUCCES	5 •
2	Did the organization undertake any significa	nt program services during th	e year which were not listed on the	[
	prior Form 990 or 990-EZ?	,		Yes X No
	lf "Yes," describe these new services on Sc	hedule O,		
3	Did the organization cease conducting, or m	nake significant changes in ho	w it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedu			
	Describe the organization's program service		its three largest program services, as	measured by expenses.
	Section 501(c)(3) and 501(c)(4) organization			
			lount of grants and allocations to other	15, the total expenses, and
	revenue, if any, for each program service re	ACOO3		
		45883 • Including grants of \$) (Revenu	1e \$ }
	STARTSMART			
	FSD1'S STARTSMART OFFE	RS UNIQUE SERV	CES FOR YOUNG CHILI	DREN AGES BIRTH
	TO AGE FIVE THAT WILL	HELP THE FLOREN	ICE COMMUNITY ENSUR	E THAT ALL
	CHILDREN ENTER SCHOOL			
	TO GROW INTO PRODUCTIV		IE PROGRAM HAS GROW	
	SINCE IT BEGAN IN 2012		FLORENCE-AREA CHILDI	
	BENEFIT FROM THE MENU			
				1 TO TO ENHANCE
	THE LIFE OF EVERY CHIL	D BIRTH TO AGE	4.	
4b	(Code:) (Expenses \$	540. Including grants of \$) (Revenu	ue \$)
	START2READ		-	
•				
,	WE UNDERSTAND THE IMPO	RTANCE OF EARLY	LANGUAGE EXPOSURE	TO LATE SUCCESS
			E READ TO EVERY DAY	
:	BIRTH, ARE FAR MORE LI			START2READ IS A
	BOOK DISTRIBUTION AND			
	<u>PARENTS BUILD A HIGH (</u>			
	IMPORTANCE OF TAKING T		O CONNECT WITH THE	IR CHILDREN
	THROUGH BOOKS AND LANG	HUAGE.		
7	EACH MONTH, CERTIFIED	EARLY CHILDHOOI	TEACHERS VISIT LO	CAL BUSINESSES
	TO DISTRIBUTE BOOKS TO			
	(Code:) (Expenses \$	96128 • Including grants of \$		
40	THE FOUNDATION AWARDEL	<u></u>	OPPNOT 1 COUCATO TN	TINE 2021 TO
	THE FOUNDATION AWARDED	A ONE VERY CITY	NEWCE I SCHOOLS IN	OOMBEDG WARKER
	PAY FOR EQUIPMENT AND			
	CONCEPTS COURSES AND A			
	AVAILABLE IN THE LABS			BASIS LAB WILL
	INCLUDE FOUR BLOOMBERG	TERMINALS THA!	r will be housed in	THE SCHOOL
	LIBRARY OR COMPUTER LA	AB TO PROVIDE AC	CCESS FOR ALL STUDE	NTS.
	BRIGGS ELEMENTARY WAS	AWARDED \$5,000	FOR THEIR "LEADING	THE WAY BACK
	FROM COVID!" GRANT THE			
	EXPERIENCE DURING THIS			
		TIME OF TORMO.	THE PT LOCOBING ON C	ANTOKE WAD
	ACADEMICS.			
4d	Other program services (Describe on Sched			
	(Expenses \$ 113557. inc	luding grants of \$	74000.) (Revenue \$	<u>)</u>
4e	Total program service expenses	257108.		
				Form 990 (2020)
032002	12-23-20	SEE SCHEDULE	FOR CONTINUATION(
	·	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		- /

Form 990 (2020) THE SCHOOL FOUNDATION, INC. 57-1092759 Page 3
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
0	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			 -
٠,	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			, , , ,
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	ás applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446	Х	
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b	- 23	
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ч	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	110		
~	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			٧,,
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
15		45		\ .
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		X
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			T
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2020) THE SCHOOL FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

		****	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		1	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			-
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
•	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	ļ
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
,	controlled entity or family member of any of these persons? If "Yes," complete Schedule L., Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	ļ	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	,			l
•	"Yes," complete Schedule L, Part iV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30	<u> </u>	<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٦,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	 	
Ü	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ĺ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	งอม	 	
30	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
Ο,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>	 	
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			h
	Check if Schedule O contains a response or note to any line in this Part V	********		
		,,,,,,,	Yes	No
.1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable)		
b)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	10		
03200	4 12-23-20		000	(0000)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country See instructions for filing regulrements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations, Enter: 11 a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? Х 16 If "Yes," complete Form 4720, Schedule O. Form 990 (2020)

THE SCHOOL FOUNDATION, 57-1092759 Form 990 (2020) INC. 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 23 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 23 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? Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b 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 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 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	ď	^
17 '	LIST THE STATES WITH WHICH A CODY OF THIS FORM SMEETS REQUIRED TO BE RIGHT.		

8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.

Another's website X Own website X Upon request

Other (explain on Schedule O) 19 Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records

<u> JEFF HELTON, CHAIRMAN - (843)-662-9996</u> 320 WEST CHEVES STREET, FLORENCE, SC

Form 990 (2020)

Form 990 (2020) 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. See instructions for the order in which to list the persons above.

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

· (A)	(B) (C)							(D)	(E)	(F)		
Name and title	Average	1.1.		Pos	ition			Reportable	Reportable	Estimated		
	hours per	box	not c unle	ss pe	rson i	is bot	ก ลก	compensation	compensation	amount of		
	week	offi	cer an	dad	irecto	or/trus T	tee)	from	from related	other		
	(list any	ector						the	organizations	compensation		
	hours for	9 6	93			ated		organization	(W-2/1099-MISC)	from the		
	related	trustee or director	trust		يو	suadi		(W-2/1099-MISC)		organization		
	organizations below	uai tr	ional		ploy	15 S	١.			and related organizations		
	line)	Individual t	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations		
(1) DEBBIE HYLER	40.00	<u> </u>					_					
EXECUTIVE DIRECTOR		X		X				71949.	0.	0.		
(2) JEFF HELTON	15.00											
CHAIRMAN		X		X				0.	0.	0.		
(3) ED A LOVE	15.00											
VICE CHAIRMAN		X		X				0.	0.	0.		
(4) COURTNEY CRIBB	15.00							_	_	_		
TREASURER		X		X		ļ	ļ	0.	0.	0.		
(5) MARION FORD	15.00							_		_		
SECRETARY		X		Х			ļ	0.	0.	0.		
(6) DR ANNIE BROWN	5.00							_		_		
BOARD MEMBER		X				ļ		0.	0.	0.		
(7) TRISHA CAULDER	5.00								_	_		
BOARD MEMBER		X						0.	0.	0.		
(8) BOBBIE CHOWDHARY	5.00	l					***************************************	_				
BOARD MEMBER		X						0.	0.	0.		
(9) MEGGIE BAKER	5.00									_		
BOARD MEMBER		X			ļ	ļ	ļ	0.	0.	0.		
(10) BROOKE EVANS	5.00									_		
BOARD MEMBER		X	1		<u></u>	<u> </u>	<u> </u>	0.	0.	0.		
(11) CHARLIE JORDAN	5.00	l								_		
BOARD MEMBER		X		_	_	<u> </u>	<u> </u>	0.	0.	0.		
(12) JUDITH KAMMER	5.00	 	1									
BOARD MEMBER		X		ļ		ļ	-	0.	0.	0.		
(13) JEAN LEATHERMAN	5.00	ا								_		
BOARD MEMBER	 	X			_	<u> </u>	<u> </u>	0.	0.	0.		
(14) ROBERT LEMASTER	5.00		ļ									
BOARD MEMBER		X	<u> </u>		<u> </u>	<u> </u>	_	0.	0.	0.		
(15) RICHARD O'MALLEY	5.00	ļ				}				_		
BOARD MEMBER	 	X	<u> </u>		-	 	-	0.	0.	0.		
(16) TAMMY PAWLOSKI	5.00	٠						_	_	_		
BOARD MEMBER	F 00	X	ـــ		-	1	-	0.	0.	0.		
(17) JAMES SHEEHY	5.00	}					Ì		-	_		
BOARD MEMBER		X	<u> </u>			<u>L</u>	<u> </u>	0.	0.	0.		

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Form 990 (2020)

(A)	(B)	(C)						(D)	(E)		(F)	
Name and title	Average	(40	Position (do not check more than one					Reportable	Reportable		Estimate	ed .
	hours per	Kod	, unle	ss pe id a d	erson	is bot	h an	compensation	compensation		amount	of
	week (list any	├─	T	luau	18000	Ji/1108	100)	from	from related		other	. a.t
	hours for	lied:				-		the organization	organizations (W-2/1099-MISC)	CO	mpensa from the	
	related	100	trustee			ısate	ĺ	(W-2/1099-MISC)	(11-27 1033-11100)	0	rganizat	
	organizations	E E	al Tru		e e	ompe		'			nd relat	
ye.	below	Individual trustee or director	Institutional 1	Officer	Key employee	Highest compensated employee	ē			or	ganizati	ons
	line)	를	IIIS	동	<u>\$</u>	훈통	훈					
(18) JEFF STEVENS	5.00	,,						0	0			^
BOARD MEMBER		X				-	ļ	0.	0	•		0.
(19) MINDY TAYLOR	5.00	х						0.	0			Λ
BOARD MEMBER (20) BRENT TILLER	5.00	^	ļ	-		 		V •	U	•		0.
BOARD MEMBER	3.00	X						0.	0			0.
(21) CARLOS WASHINGTON	5.00	122				-				•		
BOARD MEMBER	3.00	X						0.	0			0.
(22) PORTER STEWART	5.00	1	1			ļ	1	Ŭ		•		
BOARD MEMBER		x						0.	0			0.
(23) SARAH DUBY	5.00											
BOARD MEMBER		x						0.	0			0.
(24) ASHLEY DAWKINS	5.00											
BOARD MEMBER		X						0.	0	•		0.
(25) JOY HIGGS	5.00	ļ			İ							
BOARD MEMBER		X				<u> </u>		0.	0	•	····· .	0.
(26) CHAQUEZ MCCALL	5.00								^			^
BOARD MEMBER		X	<u> </u>	<u> </u>		<u> </u>	<u> </u>	71949.	0			0.
1b Subtotal								71949.	0			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								71949.	0			0.
Total number of individuals (including but n							10 re			•1		
compensation from the organization			,,,,,,		~	٠,			1000 01 1000114010			0
											Yes	No
3 Did the organization list any former officer,	director, trust	ee, l	кеу е	empl	loye	e, o	hig	hest compensated emp	loyee on			***************************************
line 1a? If "Yes," complete Schedule J for s	uch individual								***********************	3		Х
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ation	n and	d oth	her compensation from t	he organization			
and related organizations greater than \$150										4		X
5 Did any person listed on line 1a receive or a	-				•			-				
rendered to the organization? If "Yes," com	<u>plete Schedul</u>	<u>e J 1</u>	or se	uch	pers	son ,		••••••••••••		5		X
Section B. Independent Contractors			1 .					£. 1	*			
 Complete this table for your five highest co the organization. Report compensation for 									•	sation	itrom	
(A)	ino calondar y	oa:	orius	ng v	VILIT	OI W	101111	(B)	-çai.	•	(C)	
Name and business	address	N	INC	3				Description of s	ervices	Comp	ensatio	n
										***************************************	, , , , , , , , , , , , , , , , , , , 	
, '												
	·											
·'·							7					
]					
2 Total number of independent contractors (i		ot li	mite	d to	tho	se li	sted	above) who received m	ore than			
\$100,000 of compensation from the organia	***************************************				_	0						
SEE PART VII. SECTION	יוארים עד וו	ז דיו	\TTT 7	ר חיי	rat	NT (ועוי	다다까요			aan /	2000

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Form 990 THE SCHO						IN			57-109	2759	
Part VII Section A. Officers, Directors, Tr		nplo	oyee			ligh	est				
(A) Name and title	(B) Average hours	(cl	(C) Posit (check all th				ly)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
·	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organization	
27) HEATHER PAGE	5.00								_	_	
OARD MEMBER		Х						0.	0.	С	
· · · · · · · · · · · · · · · · · · ·											
/											
× ·											
											
			1								
,			<u> </u>			ļ					
Fotal to Part VII, Section A, line 1c		l	<u> </u>	<u> </u>	<u> </u>	L	<u> </u>				

		Check if Schedule O contains a response or note to any	line in this Part VIII			
		Official editions of contains a response of historic any	(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded
y v	4 .	a Federated campaigns				300110713 012 014
ant			-		ARTICLA PARTIES	
عَ ق		Membership dues1b1c Fundraising events1c	-	-		
iffs F A		Harmonasing events 10 1d		440		
niis G		Government grants (contributions)				
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, grants, and				
Dut.		similar amounts not included above 1f 140107				
ĒŽ		Noncash contributions included in lines 1a-1f				
Se		Total, Add lines 1a-1f	140107.	***		
		Business Cod	е			
9	2 8					
ه څ	-					
Se						
Program Service Revenue	(1				
§.	•					
<u>~</u>	1	All other program service revenue				
 -		Total, Add lines 2a-2f	•			
	3	Investment income (including dividends, interest, and	40005	40005		
	_	other similar amounts)	42395.	42395.		
	4	Income from investment of tax-exempt bond proceeds	*			
	5	Royalties (i) Personal	•			
	_	1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1	_	i i i i i i i i i i i i i i i i i i i	11 m	
	6		-		4	
		D. Less: rental expenses 6b		native version of the control of the		
		I. Afak yambal in anna ay (lana)				
		a Gross amount from sales of (i) Securities (ii) Other		-		**************************************
	•	assets other than inventory 7a 558705.		4		
1		Less; cost or other basis				•
e e		and sales expenses 7b 430013.				
her Revenue		Gain or (loss) 7c 128692.				
8		d Net gain or (loss)	128692.		128692.	
her	8 :	a Gross income from fundraising events (not				
8		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 18 8a	_			
i		Less: direct expenses 8b				
		Net income or (loss) from fundraising events				
, 3 ,	9	Gross income from gaming activities. See				
		Part IV, line 19 9a 9b 9b			İ	
		Description Less: direct expenses Net income or (loss) from gaming activities Description De				
		a Gross sales of inventory, less returns				
	10	and allowances 10a	:			
		Less: cost of goods sold 10b				
		Net income or (loss) from sales of inventory	•			
S		Business Cod	le			
ons e	11	SBA - PPP LOAN FORGIVE 900099	22300.	22300.		
ane)				
cell						
Miscellaneous Revenue		All other revenue				
		Total. Add lines 11a-11d ▶				
	12	Total revenue. See instructions	333494.	64695.	128692.	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 (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 170128 170128 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 Benefits paid to or for members _____ Compensation of current officers, directors, trustees, and key employees 35975. 17987. 17987. 71949. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 13508. 6754. Other salaries and wages 27015. 6753 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 7571. 3269 2409. 1893. Payroll taxes Fees for services (nonemployees): 11 Management Legal 6800. 6800. Accounting Lobbying Professional fundraising services. See Part IV, line 17 25869. 25869. Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 1105. 1105. 13 Office expenses Information technology 14 15 Royalties 9548 9548 Occupancy 16 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 699. 699 19 20 Payments to affiliates _____ 21 227 227 Depreciation, depletion, and amortization 22 1481. 1481. 23 Insurance Other expenses, Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 39557. 39557 RECOGNITIONS AND AWARDS 1746. SUPPLIES 1426. 320 DUES & SUBSCRIPTIONS 1358 1358. d MISCELLANEOUS 398. 398. All other expenses 365451 257108 81709 Total functional expenses. Add lines 1 through 24e 26634. Joint costs. Complete this line only if the organization

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Check here

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

____ If following SOP 98-2 (ASC 958-720)

Form 990 (2020)
Part X Balance Sheet

Par	tΧ	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
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		146867.	2	49397
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, director,				
		trustee, key employee, creator or founder, substantial contributor, or 35%	,			
		controlled entity or family member of any of these persons	L		5	
	6	Loans and other receivables from other disqualified persons (as defined		***************************************		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
ş	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
₹	9	Prepaid expenses and deferred charges		36315.	9	36227
	10 a	Land, buildings, and equipment: cost or other				
			388.		***************************************	
'	b		322.	3286.	10c	3566
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		2166081.	12	2647608
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets	1		14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		2352549.	16	2736798
	17	Accounts payable and accrued expenses		416.	17	325
	18	Grants payable	- 1		18	
	19	Deferred revenue		137565.	19	144715
	20	Tax-exempt bond liabilities			20	
1	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
,	22	Loans and other payables to any current or former officer, director,				
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%	,			
Q.		controlled entity or family member of any of these persons			22	
Ĕ	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		22300.	24	20618
	25	Other liabilities (including federal income tax, payables to related third				
1		parties, and other fiabilities not included on lines 17-24). Complete Part X				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		160281.	26	165658
	20	Organizations that follow FASB ASC 958, check here ► X	**********	<u> </u>	20	200000
es		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		2192268.	27	2554949
Ball	28	Net assets with donor restrictions		<u> </u>	28	16191
5		Organizations that do not follow FASB ASC 958, check here)			
Fu		and complete lines 29 through 33.	'			
ō	29	Capital stock or trust principal, or current funds			29	
Sets	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
¥ N	31	Retained earnings, endowment, accumulated income, or other funds			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		2192268.	32	2571140
_	33	Total liabilities and net assets/fund balances		2352549.	33	2736798

Form 990 (2020)

"

Form 990 (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

lame	of th	ne organization							identification i					
,		THE :	SCHOOL FOU	NDATION, INC	•			5	<u>7-109275</u>	, 9				
Par	t I	Reason for Public C	Charity Status. (All organizations must c	omplete th	nis part.) S	ee instruction	s.						
he o	gani	zation is not a private founda	ation because it is: (f	or lines 1 through 12, c	heck only	one box.)								
1 [A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	i)(A)(i).							
2		A school described in section	on 170(b)(1)(A)(ii). (A	Attach Schedule E (Form	1990 or 99	30-EZ).)								
3 [A hospital or a cooperative l					i).							
4	_	A medical research organiza	-				=	(iii), Enter	ihe hospital's n	ame,				
		city, and state:		•				,	•	·				
5		An organization operated fo	or the benefit of a col	lege or university owner	or operat	ed by a go	overnmental u	nit describ	ed in					
-		section 170(b)(1)(A)(iv). (C		logo or amirolon, omito	or opena.									
6	\neg	A federal, state, or local gov		antal unit described in a	eastion 17	10/6\/(4\/A\/	6A							
7		An organization that normal						o gonorai	nublic describe	din				
, ,		=	•	itiai part of its support i	ioiii a gov	DIFFILIDEFEAL	GINCO: HOIT G	ie general	public describe	U III				
۸ ۲		section 170(b)(1)(A)(vi). (Co		dVAVall (Complete Dod	. 11 3									
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college												
9 L														
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or					
г		university:												
10 L		An organization that normal	•											
		activities related to its exem	•	•										
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	ilred by the org	janization .	after June 30, 1	975.				
Г		See section 509(a)(2). (Con												
11	****	An organization organized a												
12 _. L		An organization organized a												
**		more publicly supported arg							heck the box in	I				
	_	lines 12a through 12d that o												
a	L	Type I. A supporting orga			•									
		the supported organization			majority o	of the direc	ctors or truste	es of the s	upporting					
-		organization. You must c	omplete Part IV, Se	ctions A and B.										
b	<u> </u>	Type II. A supporting orga												
		control or management of	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported					
		organization(s). You must	t complete Part IV, :	Sections A and C.										
C		Type III functionally inter	grated. A supporting	g organization operated	in connec	tion with, a	and functional	ly integrate	d with,					
	•	its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.							
d	L	Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organi:	zation(s)					
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a dist	ribut i on red	quirement and	l an attenti	veness					
ç.		requirement (see instructi	ions). <mark>You must co</mark> m	plete Part IV, Sections	A and D,	and Part	V.							
e	<u> </u>	Check this box if the orga	inization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type	II, Type III						
		functionally integrated, or	Type III non-function	nally integrated supporti	ing organi:	zation.			p*************************************	·····				
f	Ente	r the number of supported a	organizations											
g		ide the following information			r 18.51. 18.5. 27.5	-1								
	(i)	Name of supported	(ii) EIN	(III) Type of organization (described on lines 1-10	in your govern	nization listed ng document?	(v) Amount of	- 1	(vi) Amount of					
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see inst	ructions				

			-											
		,												
		***************************************	Indiana-]									
Cotal														

Schedule A (Form 990 or 990 EZ) 2020 THE SCHOOL FOUNDATION, INC. 57-10927

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 falls to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	·					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not		***************************************	************			
	include any "unusual grants.")	194693.	165428.	137996.	63533.	162407.	724057.
2	Tax revenues levied for the organ-			***************************************			
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	6000.	6000.				12000.
4	Total, Add lines 1 through 3	200693.	171428.	137996.	63533.	162407.	736057.
5	The portion of total contributions						
	by each person (other than a	Ī		***************************************			
,	governmental unit or publicly			***************************************			
	supported organization) included						
	on line 1 that exceeds 2% of the		}	1			
	amount shown on line 11,						
	column (f)	. 1		i			
6	Public support, Subtract line 5 from line 4.						736057.
	ction B. Total Support		<u>. </u>				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	200693.	171428.	137996.	63533.	162407.	736057.
	Gross income from interest,						***************************************
	dividends, payments received on		WILLIAM WATER				•
	securities loans, rents, royalties,		*******				
	and income from similar sources	45796.	50344.	57823.	134946.	171087.	459996.
9.	Net income from unrelated business						
	activities, whether or not the		Ì				
	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	Total support. Add lines 7 through 10						1196053.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	409480.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	i01(c)(3)	
	organization, check this box and stor				*************	(>
Se	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2020 (ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	61.54 %
	Public support percentage from 2019					15	72.00 %
16a	33 1/3% support test - 2020. If the	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	nore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	► X
þ	33 1/3% support test - 2019. If the o	organization did no	t check a box on ti	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual						
1 7a	10% -facts-and-circumstances tes	t - 2020. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e, Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances to	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□
k	10% -facts-and-circumstances tes	t - 2019. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is 1	10% or
	more, and if the organization meets ti	ne facts-and-circum	nstances test, che	ck this box and sto	o <mark>p here.</mark> Explain in	Part VI how the	
	organization meets the facts-and-circ						
18	Private foundation, if the organization	n did not check a l	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box a	nd see instructions	· >
					Sche	dule A (Form 990	or 990-F71 2020

Schedule A (Form 990 or 990-EZ) 2020 THE SCHOOL FOUNDATION, INC. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not	ļ					
include any "unusual grants.")				1		
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-			***************************************			
ization's benefit and either paid to			***************************************			
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to		1				
the organization without charge						
6 Total. Add lines 1 through 5				1		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons		1	***			
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that	ļ	1				
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		<u></u>	<u> </u>	1		
Calendar year (or fiscal year beginning in)	(a) 2016	/N 2017	(a) 2019	(d) 2019	(a) 2020	(f) Total
9 Amounts from line 6	(a) 2016	(b) 2017	(c) 2018	(a) 2019	(e) 2020	(i) Total
10a Gross income from interest,				 		
dividends, payments received on		<u> </u>				
securities loans, rents, royalties,		****				
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses					1	
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business		****				
activities not included in line 10b, whether or not the business is						
regularly carried on		***	•			
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)	:	de la constitución de la constit				
13 Total support. (Add lines 9, 10c, 11, and 12.)						-
14 First 5 years, if the Form 990 is for the	organization's fi	irst, second, third.	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ilon.
check this box and stop here	-			•		
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2020 (lir			column (fl)		15	%
16 Public support percentage from 2019						%
Section D. Computation of Inves				***********************	: 10 1	
17 Investment income percentage for 202					147	
						<u>%</u>
18 Investment income percentage from 2						%
19a 33 1/3% support tests - 2020, if the c						
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2019. If the c						
line 18 is not more than 33 1/3%, chec	k this box and st	op here. The orga	nization qualifies	as a publicly supp	orted organization	▶∐
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	<u></u>
020002 04 05 04						

Part IV | Supporting Organizations

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

	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)			
Sec	tion A. All Supporting Organizations			
			Yes	No
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.	1		İ
9	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			
Z.	organization was described in section 509(a)(1) or (2).	2		
٥-				
Ja	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	0-		İ
4.	lines 3b and 3c below.	3a		
b				
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	A 1.		ļ
	organization made the determination.	3b		
С				
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	-	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	<u> </u>	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		1	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		1	
	despite being controlled or supervised by or in connection with its supported organizations.	4b	<u> </u>	
C				ļ
	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		-	
	answer lines 5b and 5c 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			İ
	was accomplished (such as by amendment to the organizing document).	5a		
Ó	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?	5b		
С		5c		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
R	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).	8		
Qa	Was the organization controlled directly or indirectly at any time during the tax year by one or more		-	
- Ou	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.	9a		
b	·	- 9a	<u> </u>	
s)	the supporting organization had an interest? If "Yes," provide detail in Part VI.	Oh		
	··· · · · · · · · · · · · · · · · · ·	9b		
C	. , , , , , , , , , , , , , , , , , , ,	_		
40-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
iva	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 line 10b below.	10a	ļ	

determine whether the organization had excess business holdings.)

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

Schedule A (Form 990 or 990-EZ) 2020

4

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

b From 2016		
c From 2017		
d From 2018		
e From 2019		
f Total of lines 3a through 3e		
g . Applied to underdistributions of prior years	 	
h Applied to 2020 distributable amount		
Carryover from 2015 not applied (see instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D,		
line 7: \$		
a Applied to underdistributions of prior years	 	
b Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h		
and 4b from line 1. For result greater than zero, explain in		
Part VI. See instructions.	·	
7. Excess distributions carryover to 2021, Add lines 3j		
and 4c.		
8 Breakdown of line 7:	· · · · · ·	
a Excess from 2016	 	
b Excess from 2017		
c Excess from 2018		
d Excess from 2019	 	
e Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

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.)
,	

4	

,	

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

	тні	E SCHOOI	FOUNDATION	INC.		57-1092759
Organizatio	on type (check on				***************************************	
Filers of:		Section:				
Form 990 o	r 990-EZ	X 501(c)(3) (enter number) orga	anization		
		4947(a)(1) nonexempt charitable	trust not treated as a	private foundation	
٠		527 poli	tical organization			
Form 990 P	F	501(c)(3	exempt private foundate	ion		
		4947(a)(1) nonexempt charitable	trust treated as a pri	ate foundation	
		501(c)(3) taxable private foundat	ion		
•	-	•	General Rule or a Spe		eral Rute and a Special Ru	ule. See instructions.
					•	
General Ru	lie					
,	-	=			ear, contributions totaling determining a contributor	g \$5,000 or more (in money or 'es total contributions.
Special Rui	les					
se an	ctions 509(a)(1) a	ind 170(b)(1)(A) , during the ye	(vi), that checked Sched ar, total contributions of	ule A (Form 990 or 99	0-EZ), Part II, line 13, 16a	t test of the regulations under , or 16b, and that received from unt on (i) Form 990, Part VIII, line 1h;
co lite	ntributor, during t erary, or education	the year, total on nal purposes, o	contributions of more tha	an \$1,000 exclusively ruelty to children or a	990-EZ that received from for religious, charitable, so nimals. Complete Parts I (cientific,
ye: is e pu	ar, contributions e checked, enter he rpose. Don't com	<i>exclusively</i> for i ere the total co nplete any of th	eligious, charitable, etc. ntributions that were rec e parts unless the Gene	, purposes, but no su elved during the year ral Rule applies to th		received nonexclusively
but it must	answer "No" on F	Part IV, line 2, d	•	the box on line H of i	ts Form 990-EZ or on its F	Form 990, 990·EZ, or 990·PF), Form 990·PF, Part I, line 2, to

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

Name of organization

Employer identification number

THE SCHOOL FOUNDATION, INC.

57-1092759

Part I	Contributors (see instructions), Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HONDA OF SC MANUFACTURING, INC 1111 HONDA WAY TIMMONSVILLE, SC 29161	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZfP ÷ 4	(c) Total contributions	(d) Type of contribution
2	ASSURANT 1323 CELEBRATION BLVD FLORENCE, SC 29501	\$5270.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3</u>	FOUNDATION FOR THE CAROLINAS 220 N TRYON STREET CHARLOTTE , NC 28202	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SC NATIONAL BOARD NETWORK 320 W CHEVES STREET FLORENCE, SC 29501	\$11820.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
į.		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE SCHOOL FOUNDATION, INC.

57-1092759

art II	Noncash Property (see instructions). Use duplicate copies of F	art 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
		 \$	
		Ψ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
, .			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

023454 11-25-20

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Sir	milar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised t	unds	(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 fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?	***************************************	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gran	t funds can be used	only
•	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any	other purpose confe	rring
_	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes"	on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·		
	Preservation of land for public use (for example, recrea	· ,		orically important land area
	Protection of natural habitat	F	Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contributi	on in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	- · · · · · · · · · · · · · · · · · · ·		******************************	2b
	Number of conservation easements on a certified historic str			2c
∙d	Number of conservation easements included in (c) acquired			
	listed in the National Register			[2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or ter	minated by the orga	nization during the tax
_	year >			
4	Number of states where property subject to conservation ea		- I IV	
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements i Staff and volunteer hours devoted to monitoring, inspecting,		anfaraina annonyat	
6	Starr and volunteer flours devoted to monitoring, inspecting,	nanoliny of violations, and	emorcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and onfo	roina concervation e	seamente during the year
1	\$ \$	aning of violations, and ento	ically collect validit e	asements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements	of section 170(h)(4)(R)/i)
Ü	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
•	balance sheet, and include, if applicable, the text of the foot		•	
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	f Art, Historical Trea	sures, 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 FASB ASC 95	58, not to report in its reven	ue statement and ba	lance sheet works
,	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, o	r research in furthera	ance of public
- 1	service, provide in Part XIII the text of the footnote to its fina	ncial statements that descr	ibes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue s	tatement and balance	ce sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or re	esearch in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1	e>+>+t+++++++++++++++++++++++++++++++++	**!)*)*!**!**!	▶ \$
•	(II) Assets included in Form 990, Part X	*>*********************************	>** >>:	> \$
2	If the organization received or held works of art, historical tre	asures, or other similar ass	ets for financial gain	provide
	the following amounts required to be reported under FASB A	-		
	Revenue Included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X		*****	> \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990,		Schedule D (Form 990) 2020

032051 12-01-20

		OOL FOUNDA				······································		<u> 57-10</u>			<u>age 2</u>
Pai	t III Organizations Maintaining C									nued)	
3	Using the organization's acquisition, accessi	ion, and other record	ds, checl	k any of the	following tha	t make s	significa	nt use of its	i		
	collection items (check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e	• 📖	Other							
C	Preservation for future generations										
4,	Provide a description of the organization's co							pose in Par	t XIII.		
5	During the year, did the organization solicit of								1	_	-1
·	to be sold to raise funds rather than to be m								<u>Yes</u>		<u>No</u>
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	'Yes" or	Form 9	90, Part IV,	line 9, or	•	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod		-					,	_		-
	on Form 990, Part X?							∟	∐ Yes		J No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	table:					·····		
									Amoun	<u>t</u>	
¢	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance							1	-		
	Did the organization include an amount on F	·	-					L	_l Yes	늗	No
	If "Yes," explain the arrangement in Part XIII.										<u></u>
Pai	t V Endowment Funds. Complete										
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three	e years back	(e) Four	years	back
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								ļ		
f	Administrative expenses								ļ		
g	End of year balance										
2	Provide the estimated percentage of the cur-		ce (line 1	g, column (a	a)) held as:						
a	Board designated or quasi endowment		%								
	Permanent endowment	%									
C		%									
	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administe	red for t	he orgai	nization	ſ		
	by:								r	Yes	No
	(i) Unrelated organizations										<u> </u>
	(ii) Related organizations					**********		• • • • • • • • • • • • • • • • • • • •	3a(ii)		—
þ	If "Yes" on line 3a(ii), are the related organiza								. 3b		
4	Describe in Part XIII the intended uses of the		owment 1	funds.							
Pal	t VI Land, Buildings, and Equipm										
	Complete if the organization answere				· · · · · · · · · · · · · · · · · · ·						
	Description of property	(a) Cost or o			or other		ccumula	I	(d) Bool	k valu	е
		basis (investr	ment)	basis	(other)	de	preciatio	on			
	Land										
	Buildings										
	Leasehold improvements	•			1.0.0.0.0						•
	Equipment	1			12888.		9	322.		<u>35</u>	<u>66.</u>
	Other										
Tota	, Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part	X, colun	nn (B), line 1	l0c.)			🕨		<u>35</u>	66.

3566. Schedule D (Form 990) 2020

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
) Financial derivatives			
Closely held equity interests			
Other			
(A) PUBLICALLY TRADED			
(B) MARKETABLE SECURITIES			
(C) (MUTUAL FUNDS)	2647608.	END-OF-YEAR MARKE	r VALUE
(D)			
(E)			
·(F)			
(G)			
/(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2647608.		
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5);			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a) C	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
. (6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	•
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	l 1e or 11f. See Form 990, Part X, line 2	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)	· , · · , ,		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line Liability for uncertain tax positions. In Part XIII, provide			•

032053 12-01-20

SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

■ Attach to Forr

Attach to Form 990.	► Go to www.irs.gov/Form990 for the latest information.

Open to Public

Inspection

OMB No. 1545-0047 2020

Name of .	Jame of the organization	Employer identification number
	THE SCHOOL FOUNDATION, INC.	57-1092759
Partl	Part I General Information on Grants and Assistance	To the state of th
1 Doc	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	tion
crit	criteria used to award the grants or assistance?	X Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

13. BLOOMBERG MARKET CONCEPTS LEADING THE WAY BACK FROM PERRIFIC TUESDAY KITS AND STEAM-TASTIC LEARNING AT FORMING MATH FOUNDATIONS SEARING UP FOR GUIDED (h) Purpose of grant READING (VIRTUALLY!) or assistance 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 LET'S GO OSMO COURSES ARVER COVID (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö o, 0. ਂ o. (e) Amount of assistance non-cash recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 4901. 5000 5000 5000 3957 (d) Amount of 50000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 57-6000231 57-6000231 57-6000231 57-6000231 57-6000231 57-6000231 (b) EIN 1 (a) Name and address of organization GREENWOOD ELEMENTARY SCHOOL DEWEY L CARTER ELEMENTARY ALL FLORENCE ONE SCHOOLS BRIGGS ELEMENTARY SCHOOL CARVER ELEMENTARY SCHOOL or government DELMAE ELEMENTARY SCHOOL 319 SOUTH DARGAN STREET 319 SOUTH DARGAN STREET 319 SOUTH DARGAN STREET 319 SOUTH DARGAN STREET 319 SOUTH DARGAN STREET 319 SOUTH DARGAN STREET FLORENCE SC 29501 FLORENCE, SC 29501 FLORENCE SC 29501 FLORENCE, SC 29501 FLORENCE, SC 29501 FLORENCE, SC 29501 Part Q

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2020

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INC.
FOUNDATION,
THE SCHOOL
dule I (Form 990)

Schedule I (Form 990) THE SCHOOL FOUNDATION, INC.	SCHOOL FOUNDATION,	ION, INC.	O omoortio	odos) otromisorio	of modern Cook		57-1092759 Page 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
LESTER ELEMENTARY SCHOOL 319 SOUTH DARGAN STREET FLORENCE, SC 29501	57-6000231		3150	0			HYDROPONICS IN THE CLASSROOM
MCLAURIN ELEMENTARY SCHOOL 319 SOUTH DARGAN STREET FLORENCE, SC 29501	57_6000231		4222.	0			READ ACROSS MCLAURIN - SCHOOL WIDE READ ALOUD
JOHN W. MOORE INTERMEDIATE SCHOOL 319 SOUTH DARGAN STREET FLORENCE, SC 29501	57-6000231	į	4998.	•0			EXPOSURE, EXPLORATION, EXPERIENCE
NORTH VISTA ELEMENTARY SCHOOL 319 SOUTH DARGAN STREET FLORENCE, SC 29501	57-6000231		4992.	0.0			LITERACY CANNOT WAIT: BUILDING HOME LIBRARIES
SOUTHSIDE MIDDLE SCHOOL 319 SOUTH DARGAN STREET FLORENCE, SC 29501	57-6000231		4908	0			FALCONS SOAR IN ALL THINGS
CARVER ELEMENTARY SCHOOL 319 SOUTH DARGAN STREET FLORENCE, SC 29501	57-6000231		30000	0.		:	STEM QUARTER MILE TRACK
ALL FLORENCE ONE SCHOOLS 319 SOUTH DARGAN STREET FLORENCE, SC 29501	57-6000231		44000.	o			EQUIPMENT TO SUPPORT REMOTE LEARNING IN THE DISTRICT
						10000	

Schedule I (Form 990)

THE SCHOOL FOUNDATION, INC.

57-1092759 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. Schedule I (Form 990) 2020
Part III Grant's and Othe

;:,

(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.	quired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					The part of the pa
TSF RECEIVES GRANT REQUESTS. THESE		TS ARE EVA	REQUESTS ARE EVALUATED BY A	T.	:
SUB-COMMITTEE OF THE BOARD. ONCE	THIS EVA	LUATION IS	ONCE THIS EVALUATION IS COMPLETED,	THE	T AMAZO
REQUESTS ARE VOTED ON BY THE COMPLETE	LETE BOARD.	D.		e de de de de de de de de de de de de de	

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ,

OMB No. 1545-0047 **2020**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

			Employer identification number
E SCHO	OL FOUNDATION,	INC.	57-1092759

THE SCHOOL FOUNDATION, INC.	57-1092759
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
COLLECTIVELY TO SERVE THE NEEDS AND INTERESTS AND ADVANCE	THE GENERAL
WELFARE TO FLORENCE 1 SCHOOLS.	
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 S	CHOOLS, SCHOOL
PROGRAMS AND ADVOCACY OF QUALITY PUBLIC EDUCATION.	
THE ASSOCIATION WELCOMES EVERYONE IN FLORENCE 1 SCHOOLS W	HICH IS A
PUBLIC SCHOOL SYSTEM, REGARDLESS OF AGE, RACE, SEX, ETHNIC	CITY, ABILITY
OR RELIGION.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	NTS:
CHILDREN. THE TEACHER SHARES THE BOOK, OFFERS TIPS FOR E	FFECTIVELY
READING IT ALOUD, AND DISTRIBUTES "READING TIPS." PARENTS	S ARE
ENCOURAGED TO TAKE THE SCHOOL READINESS QUIZ PROVIDED AT	
WWW.STARTSMARTFLO.ORG TO ASSESS THE MOTOR, COGNITIVE, LANG	GUAGE, AND
SOCIAL SKILLS DEVELOPMENT OF THEIR CHILDREN. ADDITIONAL I	воок
DISTRIBUTION SITES INCLUDE PEDIATRICIAN OFFICES, CHILD CAP	RE CENTERS,
AND BARBERSHOPS.	
ORM 990. PART III LINE AC DEOCEAM GERVICE ACCOURT TOWNS	7m G

PROGRAM SERVICE ACCOMPLISHMENTS:

CARVER ELEMENTARY WAS AWARDED \$4,956.54 FOR THEIR "STEAM-TASTIC

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Schedule O (Form 990 or 990-EZ) 2020

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Schedule O (Form 990 or 990·EZ) 2020 Name of the organization Employer identification number THE SCHOOL FOUNDATION, INC. 57-1092759 LEARNING AT CARVER" GRANT DESIGNATED TO INTEGRATE STEM IN ALL ASPECT OF THE CARVER CURRICULUM. DELMAE ELEMENTARY WAS AWARDED \$5,000 FOR THEIR "FORMING MATH FOUNDATIONS" GRANT THAT WILL PROVIDE EARLY MATH INTERVENTION AS WELL AS STRATEGIES FOR STRUGGLING STUDENTS IN ALL GRADE LEVELS TO SUPPORT AND SOLIDIFY STUDENT LEARNING. DEWEY L. CARTER WAS AWARDED \$5,000 FOR THEIR "TERRIFIC TUESDAY KITS" AND "LET'S GO, OSMO" GRANTS. "TERRIFIC TUESDAY KITS" WILL PROVIDE WEEKLY ACTIVITIES, SUPPLIES, INSTRUCTIONS, AND REWARDS, ALLOWING THE STUDENTS THE OPPORTUNITY TO PRACTICE THEIR LEARNING AND BASIS SKILL AT HOME WHILE INCREASING THEIR ACADEMIC ACHIEVEMENT IN THE CLASSROOM. THEIR "LET'S GO, OSMO" GRANT IS DESIGNED TO ALLOW ACCESS TO HANDS-ON ACTIVITIES ALONG WITH TECHNOLOGY IN ORDER TO REINFORCE CORE SKILLS IN READING AND MATH IN OUR DIGITAL WORLD. GREENWOOD ELEMENTARY WAS AWARDED \$4,900.59 FOR THEIR "GEARING UP FOR GUIDED READING (VIRTUALLY!) GRANT THAT PROVIDES LEVELED TEXTS AND MATERIALS THAT ARE APPROPRIATE FOR THEIR VIRTUAL PLATFORM TEACHERS TO CONTINUE TO PROVIDED SMALL GROUP GUIDED READING INSTRUCTION WITH THEIR STUDENTS. LESTER ELEMENTARY WAS AWARDED \$3,150 FOR THEIR "HYDROPONICS IN THE CLASSROOM" GRANT WHICH WILL CREATE A SCHOOL WIDE STEM PROJECT THAT ALLOWS STUDENTS TO ACQUIRE REAL-WORLD SCIENCE SKILLS, CAREER SKILLS AND

BASIC LIFE SKILLS WHILE ALSO SUPPORTING CORE ACADEMIC SUBJECT AREAS.

Name of the organization THE SCHOOL FOUNDATION, INC.	Employer identification number 57-1092759
MCLAURIN ELEMENTARY WAS AWARDED \$4,222.44 FOR THEIR "READ	ACROSS
MCLAURIN - SCHOOL WIDE READ ALOUD" GRANT, A SCHOOL WIDE R	EAD ALOUD
PROJECT TARGETING LITERARY SKILLS SUCH AS ORAL COMPREHENS	ION, CHARACTER
ANALYSIS, UNDERSTANDING PLOT AND STORYLINE, VOCABULARY DE	VELOPMENT, AND
OTHER LITERACY SKILLS.	
JOHN W. MOORE INTERMEDIATE WAS AWARDED \$4,998.35 FOR THEI	R "EXPOSURE,
EXPLORATION, EXPERIENCE" GRANT INTENDED TO PROMOTE STUDEN	T INITIATED
LEARNING THROUGH A CONSTRUCTION BASED AND HANDS-ON LEARNI	NG
ENVIRONMENT.	
NORTH VISTA ELEMENTARY WAS AWARDED \$4,992.28 FOR THEIR "L	ITERACY CANNOT
WAIT: BUILDING HOME LIBRARIES" GRANT DESIGNED TO IMPROVE	READING LEVELS
AND BUILD HOME LIBRARIES.	
SOUTHSIDE MIDDLE SCHOOL WAS AWARDED \$4,908.28 FOR THEIR "	FALCONS SOAR
IN ALL THINGS" GRANT THAT PROVIDED INCENTIVES TO FACE-TO-	FACE AND
VIRȚUAL STUDENTS FOR SHOWING GROWTH IN THE CLASSROOM AS W	ELL AS ON
STANDARDIZED AND DISTRICT TESTS.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
PASS-THROUGH GRANTS RECEIVED FROM A FOUNDATION PROVIDED F	OR THE
FOLLOWING:	
\$30,000 TOWARDS A ONE-QUARTER MILE TRACK IN THE PLAYGROUN	100 100
CARVER STEAM MAGNET ELEMENTARY SCHOOL. THIS GRANT SUPPLE	
ONGOING STEM PLAYGROUND PROJECT INVOLVING ALL OF THE CARV	ER
STAKEHOLDERS FOR THE PAST FOUR YEARS.	

\$44,000 TO SUPPORT REMOTE LEARNING IN THE DISTRICT TO HELP ENSURE THAT

EVERY CHILD IN F1S IS AFFORDED THE OPPORTUNITY TO LEARN REMOTELY WHEN

BEING IN THE CLASSROOM IS NOT ALWAYS A VIABLE OPTION. THIS REMOTE

LEARNING EQUIPMENT ALLOWS EVERY CHILD IN THE DISTRICT TO HAVE THE

ABILITY TO REMOTELY ACCESS THEIR CLASSROOMS DURING THESE CHALLENGING

TIMES REGARDLESS OF THEIR SOCIOECONOMIC STATUS.

EXPENSES \$ 74000. INCLUDING GRANTS OF \$ 74000. REVENUE \$ 0.

\$39,557 USED TO PROMOTE DISTRICT-WIDE MORAL. THE FOUNDATION SPONSORED

THE TEACHER OF THE YEAR BY PROVIDING PRIZES FOR THE TEACHERS OF THE

YEAR IN EACH OF THE DISTRICT'S SCHOOLS AND FOR THE DISTRICT-WIDE

TEACHER OF THE YEAR. THE FOUNDATION ALSO PROVIDED SEVERAL SURPRISE

TREATS FOR EMPLOYEES AT EACH OF THE SCHOOLS. THESE SURPRISES INCLUDED

DRAWING INCENTIVES AND TOKEN FOOD TREATS TO BOOST MORAL AND ENCOURAGE

EXCELLENCE OF THE EMPLOYEES.

EXPENSES \$ 39557. INCLUDING GRANTS OF \$ 0. 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 EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOR FIRST-LEVEL APPROVAL.

FOLLOWING THAT, THE EXECUTIVE 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

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990 EZ) 2020	Page 2
Name of the organization THE SCHOOL FOUNDATION, INC.	Employer identification number 57-1092759
THE FULL BOARD WAS RECORDED IN THE MINUTES OF THE MEETING	. QUESTIONS AND
CONCERNS WERE ADDRESSED BY MANAGEMENT AND THE EXECUTIVE CO	OMMITTEE.
FORM 990, PART VI, SECTION B, LINE 12C:	
THIS IS QUESTIONED AT THE BOARD MEETINGS.	
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 REVI	EWED BY THE BOARD
OF DIRECTORS AND/OR SUPERVISOR. THE COMPENSATION REVIEW	IS BASED ON A
VARIETY OF FACTORS, INCLUDING, BUT NOT LIMITED TO THE EDUC	CATION,
EXPERIENCE, QUALIFICATIONS AND PRIOR PERFORMANCE OF THE EN	MPLOYEE; THE
EXPERTISE REQUIRED FOR THE POSITION; THE COMPENSATION PAIN	D TO
SIMILARY-QUALIFIED PERSONS IN FUNCTIONALLY-COMPARABLE POS	ITIONS; AND THE
COMPENSATION OFFERED BY ORGANIZATIONS SIMILAR TO THE SCHOOL	OL FOUNDATION.
COMPARABLE SALARY INFORMATION IS OBTAINED FROM COMPENSATION	ON STUDIES
CONDUCTED BY EMPLOYER AND HUMAN RESOURCES ORGANIZATIONS AS	S WELL AS OTHER
SCHOOL FOUNDATIONS.	
·	
FORM 990, PART VI, SECTION C, LINE 19:	
THE SCHOOL FOUNDATION MAKES ITS FORM 990, GOVERNING DOCUM	ENTS, FINANCIAL
STATEMENTS, AND CONFLICTS OF INTEREST POLICY AVAILABLE TO	THE PUBLIC ON ITS
WEBSITE AND BY EMAILING IT TO THE SPECIFIC REQUESTS, AS WI	ELL AS PHOTOCOPIES
OF RECENT FILINGS OF THE FORM 990 ARE AVAILABLE UPON REQUI	EST AT THE
ADMINSTRATIVE OFFICE OF THE ORGANIZATION.	
FORM 990, PART XII, LINE 2C:	
THE SCHOOL FOUNDATION SELECTS IT'S ACCOUNTANT AT THE BOARI	

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Schedule O (Form 990 or 990-EZ) 2020

Name of the organization THE SCHOOL FOUNDATION, INC.	Employer identification number 57-1092759
RECOMMENDATIONS ARE BROUGHT TO THE BOARD AND THE FINAL DE	CISION COMES
FROM A BOARD VOTE.	
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