

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

2008 Open to Public Inspection

A	For the	e 2008 cale	endar ye	ear, or tax yea	ar beginn	ning	7/01	./08	and endir	ng 6	/30/0	9						
B Check if applicable Please C Name of organization LEXINGTON COUNTY SCHOOL DISTRIC								RICT		D Em	ploye	ıdentific	ation nu	mber				
	Address	change	use IRS label or	1		ONE	EDUC	ATION	AL FO	UNDA!	rion							
	Name ch	ange	print or	D D	ness As									5	<u>7-1</u>	0254	<u> 55</u>	
ī	Initial reti	· ·	type.	Number and	d street (or	PO box if mai	ıil ıs not deliv	ered to street a	ddress)			Room/sur	te 1			number		
닉			See Specific	100	TARE	RAR SE	RING	S ROA	<u>D</u>			<u> </u>		8	<u>03-</u>	<u>359-4</u>		
╣	Terminat	ion	Instruc-	City or tov		or country, a	and ZIP + 4	4						G Gross	receipts	\$	273	<u>, 600</u>
╝	Amende	d return	tions.	LEXI	NGTO	<u> </u>			<u>SC 2</u>	29071								
	Applicati	on pending	F Name	e and address	of princip	oal officer								H(a) is	this a gr	oup return fo		(==1
			ĺ										[,		filiates? re all affil	lates	Yes	X No
													[` In	cluded?	<u>_</u>	Yes	No
											 			lf	"No," att	ach a list (se	e instructio	ons)
1		empt status		501(c) (3)	√ (insert r	no.)	4947(a)(1)) or	527								
J		te: 🕨 N												H(c) G		mption num!		
<u>к</u> _		organization	X Co		Trust	Association	1 Ott	her 🕨				Year of form	ation		M	State of leg	al domicile	
	Part I		ımmaı															
	1	-		he organizat			•					•						
99		• •		DE SCHÖ	LARSH	IPS TO	HIGH	ACHEL	VING A	TND MOT	RTHY	• • •		•				
Activities & Governance		STUD	ENTS													•		
/err										•		•				•		
õ	2	Check thi			-			its operation	ons or dis	posed of m	nore than 2	5% of its	assets					
ಹ	ුමු		_	members o	-	-								3		24		
ies		Number o	of indep	endent voting	g memb	ers of the o	governing	g body (Par	t VI, line	1b) .		., .		. 4		24		
ξ	5	Total nun	nber of e	employees (l	Part V, I	ine 2a)								5	2	<u> </u>		
Act	6	Total nun	nber of v	volunteers (e	stimate	ıf necessa	iry) .							6	<u> </u>			
٠,	7a	Total gros	ss unrel	ated busines	ss reven	iue from Pa	art VIII, lir	ne 12, colur	mn (C)					7	a			
	₹ b	Net unrel	ated bu	siness taxab	le incom	ne from For	rm 990-T	, line 34						7	'b			0
•	<u> </u>												Prior Year		_		ent Year	
9	₽ 8			d grants (Par									477	<u>, 48</u>	9		262,	514
Revenue.	∯ 9	Program	service	revenue (Pa	art VIII, h	ine 2g) .						<u> </u>						
ě	10	Investme	nt incon	ne (Part VIII,	, column	(A), lines 3	3, 4, and	7d) _.					35	<u>,71</u>	0		<u> 11,</u>	086
6	11	Other rev	enue (F	Part VIII, colu	ımn (A),	lines 5, 6d	I, 8c, 9c,	10c, and 11	1e)									
C.	12	Total reve	enuea	add lines 8 th	rough 1	1 (must eq	ual Part	VIII, column	n (A), line	12) .		ļ <u>.</u>	513				<u>273,</u>	
	13	Grants ar	nd simila	ar amounts p	oaid (Par	rt IK, colun	D (B) (III)	@[A-3)C[7			<u> </u>	130	,80	7		<u>71,</u>	<u>635</u>
	14	Benefits p	paid to c	or for membe	∍rs (Part	ilX, co lum i	a (A) line	MAN A P	<u>ار</u> م									
S				ompensation						5–10)			72	, 44	3		92,	688
penses	16a	Professio	nal fund	draising fees	(Part IX	(, ab) (mn (/	A从内侧1	Pa 2011) 인									
ē	l h	Total fund	draising	expenses (F	Part IX o	COLUMN (D)), line 25)		18									
Щ	17	Other exp	penses	(Part IX, colu	umn (A),	, lines 11e	र्गान्त, त्या	240 1	~~\~\				183	,23	7		134,	469
	18	Total exp	enses.	Add lines 13	-17 (mu	st equal E		A LANGE	re 25)		•••		386	, 48	7		298,	792
	19	Revenue	less ex	penses. Sub	tract line	e 18 from li	ine 12						126	,71	2		-25,	192
58	<u></u>											Ве	ginning of			End	of Year	
Sets	20	Total ass	ets (Par	rt X, line 16)									565	,15			<u>480,</u>	782
Net Assets or	21	Total liab	ilities (P	art X, line 26	3)									_ 28				
ž	22	Net asset	ts or fun	nd balances	Subtrac	t line 21 fro	om line 2	0 .				<u> </u>	<u>564</u>	,86	6		480,	782
F	art II	Si	gnatu	re Block														
		Und	der penal	lties of perjury,	, I declare	that I have	examined	this return, ir	ncluding ac	companying	schedules a	and stateme	ents, and to	the be	est of m	y knowled	ge	
		and	belief, it	is true, confec	it, and coi	mplete Decl	laration of	preparer (oth	ier than off	icer) is base	ed on all infor	mation of w	vhich prepa	arer has	any kr	lowledge		
Sig	gn			27		<u>U. U.</u>	mu								///			
He	re		Signatu	re of officer	,	1.	77	11.	11	1 /	101			D	ate			
				00	An	<i>C.</i>	Du	fler	C.F.	O., L	·r.A.							
_			Type or	r print name ar	nd title													
		Dre	parer's		15)					Date		Check if				identifying	number
Pa		sigi	nature	7 4	$\mathcal{K}L$	ソ ープ	$\overline{}$	Cs.	4		1/0	7/10	self- employe	d >		(see instrui PO01	L3522	28
	epare	r's			RIT	RKETT	BURK	ETT &	BURI	KETT	CPAS	PA	Carpioye	EIN			0692	
Us	e On	ly Fir		(or yours	PO	BOX 2								Pho				
			elf-emplo; iress and		WES		LUMB I	A, SC	291	71				no	_	303-7	94-	3712
Ma	v the It			turn with the										1 110			Yes	No
· v · d	, u10 11	'O 019002	5 u 113 14	TOTAL WILL RICE	hichait	21 SHOWILD	POACL (2)	- เมอน นบน	U1137 .							. 1	1 162	□ 140

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete X 4 Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete X Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 10 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, 11 X Parts VI, VII, VIII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this return 12 X 12 that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X Did the organization maintain an office, employees, or agents outside of the U.S.? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising. X business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 X 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 X to individuals located outside the United States? If "Yes," complete Schedule F, Part III X 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 X Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 18 X 19 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III X Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 20 X 21 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 X Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions X 24b-24d and complete Schedule K. If "No," go to question 25. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a X with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified X 25b person from a prior year? If "Yes," complete Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or 27 substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.

Checklist of Required Schedules (continued) Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, X Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV 28b Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X III, IV, and V, line 1 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 X 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related X organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

Form **990** (2008)

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return X 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see Did the organization have unrelated business gross income of \$1,000 or more during the year covered by За X this return? 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6a Did the organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization provide goods or services in exchange for any quid pro quo contribution of more than X 7a 7b If "Yes." did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7<u>g</u> For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as X Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 9a Did the organization make any taxable distributions under section 4966? X Did the organization make a distribution to a donor, donor advisor, or related person? 9b b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11a Gross income from other sources (Do not net amounts due or paid to other sources against 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management				
				Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the				1
	circumstances, processes, or changes in Schedule O. See instructions.				,
1a	Enter the number of voting members of the governing body 1a	24	_	:	,
b	Enter the number of voting members that are independent	24	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		_		
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors or trustees, or key employees to a management company or other person?		3		_X_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		<u> </u>
6	Does the organization have members or stockholders?		. 6		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				
	of the governing body?	,	. 7a		<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following.				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9a	Does the organization have local chapters, branches, or affiliates?		9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with those of the organization?		9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations				
	must describe in Schedule O the process, if any, the organization uses to review the Form 990		10		X
11	Is there any officer, director or 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		11		X
Sec	tion B. Policies				
				Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				
	rise to conflicts?		12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this is done		12c		
13	Does the organization have a written whistleblower policy?	• • • • • • • • • • • • • • • • • • • •	13		X
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by		<u> </u>		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:				,
а	The organization's CEO, Executive Director, or top management official?		15a		X
b	Other officers or key employees of the organization?		15b		X
-	Describe the process in Schedule O. (see instructions)	• • • • • • • • • • • • • • • • • • • •	1.55	7	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		-		
	with a tayable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		1.00		-
~	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		ŀ		
	the organization's exempt status with respect to such arrangements?		16b		~
Sec	tion C. Disclosure		100		
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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)	• • •	•	• •
	available for public inspection. Indicate how you make these available. Check all that apply.	J. 117/			
	Own website Another's website Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of in	aract			
20	policy, and financial statements available to the public.	of the			
LU	State the name, physical address, and telephone number of the person who possesses the books and records organization. LEXINGTON SCHOOL DISTRICT ONE 100 TARRAR RD.	n ul o			
T.1		90'071 80)3 ⁻ 35	ġ	178
			. <u>. </u>	_ =	<u> </u>

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the or	ganization did not compen	sate	any o			recto	r, tru		-	····
(A) Name and Title	(B) Average	Posi	tion (i		C) call ti	hat ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
Name and Tive	hours per week	Individual trustee or director		Officer	Key employee	employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
CONNIE MCFAR		†								
EXEC DIRECTO	40	X				_	L	62,526	. 0	0
								0	0	0
KAY COKER	_			l						_
CHAIRMAN	3	_		X	 	ļ	<u> </u>	0	0	0
JAMES A. COM VICE-CHAIRMA	3			x				0	0	0
DEBRA L. KNI SEC-TREASURE	GHT 3			x				o	o	0
MICHAEL V. S					\vdash					
EXEC DIRECTO	3			X	<u> </u>			0	0	0
KAREN C. WOO SUPERINTENDE	DWARD 3			x				o	O	0
JOHN BUTLER										_
DISTRICT CFO	3	1	<u> </u>	X	ļ	<u> </u>	<u> </u>	0	0	0
• • • • • • • • • • • • • • • • • • • •										
					-		$\overline{}$			

······	A. Officers, Directors, Trus	tees	, Ke			yees	, an			
(A)	(B)	Posi	tion (C) : all ti	nat ap	Ivla	(D)	(E)	(F)
Name and title	Average hours per week	or director	·—	Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		ļ. <u>.</u>			<u> </u>	e.				organizations
1b Total	· · · · · · · · · · · · · · · · · · ·						<u> </u>	62,526		<u> </u>
2 Total number of indivorganization ▶ 0	viduals (including those in 1	a) w	ho re	eceiv	ed n	nore	thar	\$100,000 in reportable con	npensation from the	
employee on line 1a 4 For any individual list the organization and individual 5 Did any person listed services rendered to Section B. Independent	? If "Yes," complete Schedusted on line 1a, is the sum of related organizations greated on line 1a receive or accrete the organization? If "Yes," Contractors	ule J f rep ter th ue co com	for s ortat nan \$ ompe plete	such ole co 3150, ensate Sch	indivone 000° ion f	ensate ? If "\ from le J f	tion res, any or s	ee, or highest compensated		Yes No 3 X 4 X 5 X
 Complete this table to compensation from to the compensation. 	for your five highest compe the organization.	nsate	ed in	depe	nde	nt co	ntra	ctors that received more tha	n \$100,000 of	_
	(A) Name and business address						_	Descri	(B) otion of services	(C) Compensation
							-			
							-			
							T			
Total number of indecompensation from the compensation from t	ependent contractors (included	ding t	those	e in 1	l) wh	no red	ceiv	ed more than \$100,000 in		.0
DAA	uno organization P									Form 990 (2008

Pa	art VIII Statement of Revenue									
,				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections			
_					revenue	revenue	512, 513, or 514			
돮		Federated campaigns 1a		:			٠.			
E D		Membership dues 1b		,]	i		ı			
fts,		Fundraising events 1c				•	;			
igi		Related organizations 1d		1			•			
Sir		Government grants (contributions)		,	,	•				
Program Service Revenue Contributions, gifts, grants	f	All other contributions, gifts, grants, and similar amounts not included above	262,514							
ont	•	Noncash contributions included in lines 1a-1f \$	٠ ٠٠٠ ٠٠							
5	<u>h</u>	Total. Add lines 1a-1f	_	262,514	· · ·					
nue	٥-		Busn. Code		•					
Seve.	2a									
ce F	b					·				
Ž	C		-							
ı Ş	d									
Ja	e									
Pro		All other program service revenue Total. Add lines 2a–2f	>							
	3	Investment income (including dividends, inte								
	3	-41		11,086	11,086					
	4	Income from investment of tax-exempt bond		22,000						
	5	Royalties	processes >							
		•	(II) Personal							
	6a	Gross Rents	· · · · · · · · · · · · · · · · · · ·	1		•				
	b	Less rental exps		-						
	С	Rental inc or (loss)		1		_				
	d	Net rental income or (loss)	•							
	7a	Gross amount from (i) Securities	(II) Other				,			
		sales of assets other than inventory								
	ь	Less cost or other				,	,			
		basis & sales exps				·	ı			
	С	Gain or (loss)								
	d	Net gain or (loss)	<u>., </u>							
	8a	Gross income from fundraising events			,					
90		(not including \$								
Ven		of contributions reported on line 1c)								
8		See Part IV, line 18 a								
Other Revenue		Less: direct expenses . b	······	·						
ō		Net income or (loss) from fundraising event	s -				ļ			
	9a	Gross income from gaming activities			-		,			
		See Part IV, line 19 a				1				
		Less: direct expenses b		ļ		·				
		Net income or (loss) from gaming activities	<u> </u>	 						
	10a	Gross sales of inventory, less								
		returns and allowancesa		•						
		Less: cost of goods sold b								
	<u>C</u>	Net income or (loss) from sales of inventory Miscellaneous Revenue	. Busn. Code	 			,			
	11a	IVII-30CHIGHIGOUS INGVERIUE	Dusii. Code							
	11a b		.			<u> </u>				
	C	•								
		All other revenue	-							
		Total. Add lines 11a–11d								
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 66	d. 7d. 8c.							
	-	9c, 10c, and 11e	. •	273,600	11,086	0	О			

Part IX 'Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must be				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	}			,
2	Grants and other assistance to individuals in				
	the U S See Part IV, line 22	71,635	71,635		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			·	
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	62,526	62,526		
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	9,296	6,972	2,324	
8	Pension plan contributions (include section 401(k)		,		
-	and section 403(b) employer contributions)	9,258	6,943	2,315	
9	Other employee henefits	6,375	4,781	2,315 1,594	
10	Payroll taxes	5,233	3,925	1,308	
11	Fees for services (non-employees).				
	Management				
b	Legal				
	Accounting	15,402		15,402	
d	· · · · · · · · · · · · · · · ·				
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	0.1.			·····	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	1,188		1,188	
17	Travel	2,146	2,146	<u> </u>	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not	1	,		
	covered above. (Expenses grouped together		,	•	
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)	1			
а	MISCELLANEOUS	75,133	60,106	15,027	
b	CELEBRATION EXPENSES	25,381	20,305	5,076	
С	SUPPLIES	9,381	4,691	4,690	
d	PRINTING & BINDING	3,861	3,861		
е	DUES AND SUBSCRIPTIONS	1,977	1,977		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	298,792	249,868	48,924	
26	Joint Costs. Check here ▶ if following	,			
	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				

	ωι,	V Dalatice Offect						
				(A)			B)	
				Beginning of year			f year	
	1	Cash—non-interest bearing		203,941	1	1	L67,	<u>374</u>
	2	Savings and temporary cash investments			2			
	3	Pledges and grants receivable, net			3			
	4	Accounts receivable, net			4			
	5	Receivables from current and former officers, directors, trustees, key						
		employees, or other related parties. Complete Part II of Schedule L			5			
	6	Receivables from other disqualified persons (as defined under section	•					,
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete						
		Part II of Schedule L			6			
S	7	Notes and loans receivable, net			7			
et	8	Inventories for sale or use			8			
Assets	9	Prepaid expenses and deferred charges			9		 -	
4	l							
	10a			,	1			,
	b	· • · · · · · · · · · · · · · · · · · ·		~	40-			
	۱.,	Part VI of Schedule D	··.	261 214	10c	-	112	400
	11	Investments—publicly traded securities		361,214	11		313,	400
	12	Investments—other securities See Part IV, line 11			12			
	13	Investments—program-related. See Part IV, line 11			13			
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11			15	·		
	16	Total assets. Add lines 1 through 15 (must equal line 34)		565,155	16	4	180,	<u>782</u>
	17	Accounts payable and accrued expenses			17			
	18	Grants payable			18			
	19	Deferred revenue			19			
Liabilities	20	Tax-exempt bond liabilities	,		20	·		
	21	Escrow account liability. Complete Part IV of Schedule D	.,		21			
Ħ	22	Payables to current and former officers, directors, trustees, key	••					
į		employees, highest compensated employees, and disqualified		•				
Ë		persons. Complete Part II of Schedule L			22		•	•
	23	Secured mortgages and notes payable to unrelated third parties			23			
	24	Unsecured notes and loans payable	•		24			
	25	Other liabilities Complete Part X of Schedule D	•	289	25			
	1	• • • • • • • • •	•	289	26			
	26	Total liabilities. Add lines 17 through 25		209	20			
nces		-						,
ŭ		complete lines 27 through 29, and lines 33 and 34.		ECA OCC			100	702
Bala	27	Unrestricted net assets		564,866		•	180,	102
<u>m</u>	28	Temporanly restricted net assets			28			
2	29	Permanently restricted net assets			29			
Fund		Organizations that do not follow SFAS 117, check here ▶ ☐						
ᆼ		and complete lines 30 through 34.				~	-~	
	30	Capital stock or trust principal, or current funds			30			
se	31				31			
As	32	Retained earnings, endowment, accumulated income, or other funds			32			
Net Assets	33	Total net assets or fund balances		564,866	33		<u> 180, </u>	
Ž	34	Total liabilities and net assets/fund balances		565,155	34	4	180 ,	<u> 782</u>
P	art)	KI Financial Statements and Reporting						
							Yes	No
1	Ac	counting method used to prepare the Form 990: Cash X A	ccrual O	ther				
28		ere the organization's financial statements compiled or reviewed by an inde	pendent accountar	nt?		2a		X_
b		ere the organization's financial statements audited by an independent according				2b		Γ
		Yes" to lines 2a or 2b, does the organization have a committee that assum					\top	
		e audit, review, or compilation of its financial statements and selection of a		ountant?		2c	1	
3=		a result of a federal award, was the organization required to undergo an a	•		• •		1	† <u>-</u>
56						За		1
		Yes," did the organization undergo the required audit or audits?				3a		\vdash
	''_	- est and and organization undergo the required addit of addition		<u>. </u>			ա 990	(2008)
						. 01		,/

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008
Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

LEXINGTON COUNTY SCHOOL DISTRICT

ONE EDUCATIONAL FOUNDATION

Employer Identification number 57-1025465

Pa	art l	Reaso	on for Public Charity S	Status (All organizations	must co	mplete	this pa	art.) (s	ee ins	tructio	ns)		
The (orga	nization is not a	private foundation because	it is: (Please check only one org	janization))							
1	Ň			ciation of churches described in			۸)(i).						
2	П		nbed in section 170(b)(1)(A										
3	П			e organization described in secti	on 170(b)	(1)(A)(iii).	. (Attach	Schedu	le H.)				
4	Н			in conjunction with a hospital de						e hospiti	al's name,		
•	ш	city, and state	_				(– / (- /	. ,,		•			
5		•	•	a college or university owned or	onerated	 hv a gove	rnmenta	 Lunit de	 scribed	'n		• • •	
Ŭ	ш		o)(1)(A)(iv). (Complete Part I		оролили	-, - g-··							
6		•		vernmental unit described in sec	tion 170/h	3/(1)/A)/v	`						
7	Н		-	ubstantial part of its support from				the cer	oral nu	hlic			
'	ш				i a governi	incintal di	01 11011	i aic goi	iciai pa	0110			
	\Box		ection 170(b)(1)(A)(vi). (Co		1.								
8	H			0(b)(1)(A)(vi). (Complete Part II		nt-hutian		arabın fo	on and	arocc			
9	Ш			more than 33 1/3 % of its support									
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
							i tax) iii	om busii	162262				
	\Box		•	, 1975. See section 509(a)(2). (- \/ 4 \	!	_#:\				
10	H	•	•	clusively to test for public safety									
11	X	-	-	clusively for the benefit of, to pe									
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.												
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.												
	a X Type I b Type II c Type III—Functionally Integrated d Type III—Other												
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified												
	persons other than foundation managers and other than one or more publicly supported organizations described in section												
		, ,, ,	ection 509(a)(2).										
f				mination from the IRS that it is a	Type I, Ty	pe II, or I	ype III s	upportin	9				
		•	check this box										Ш
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	ion from ar	ny of the							
		following pers											
		(i) A person	who directly or indirectly cor	ntrols, either alone or together w	ith persons	describe	ed in (II)				<u> </u>	Yes	No
			elow, the governing body of	•					•		11g(ı)		X
			member of a person describe								11g(ii)		X
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							. [11g(iii]		X
h		Provide the for	ollowing information about the	e organizations the organization	supports.								
(i)	Nam	ne of supported	(ii) EIN	(iii) Type of organization	(IV) Is the c	organization	(v) Did y	ou notify	(vi) l	s the	(viı) Am	ount of	
	OU	ganization		(described on lines 1–9	1 .,	sted in your	· · · · · ·	nization in	organizat	on in col zed in the	supp	oort	
				above or IRC section (see instructions))	governing	document?	col (i)	-	U				
				(322,)	Yes	No	Yes	No	Yes	No			
													
									ļ				
		.		***************************************									
					<u> </u>								
		-											
					<u> </u>	<u> </u>			<u> </u>				
			_	,									
T-6-	-1		+ *	I	1 •	I	ı	ı	ı	1 1			

Sche		INGTON CC				-1023463	Page 2
Pa	Support Schedule for Or (Complete only if you che)(A)(iv) and 17	70(b)(1)(A)(vi)	
Sec	tion A. Public Support	JONES IN BOX	<u> </u>	0 0 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1		:			
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						
4	Total. Add lines 1-3						<u> </u>
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)	,		,	,	. 1	
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						•
	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4			(1)		,,	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on .						
10 11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
12	Gross receipts from related activities, etc. (see instructions)	<u> </u>			12	
13	First five years. If the Form 990 is for the o	•	second third fourt	 h or fifth tax vear a	s a section 501(c)		
	organization, check this box and stop here		occoria, ama, roari	in, or martax your a		(0)	▶ [
Sec	tion C. Computation of Public Su			• • • • •			· · · · · · · · · · · · · · · · · · ·
14	Public support percentage for 2008 (line 6,	' ' 	,	(f))		14	%
15	Public support percentage from 2007 Sche-		ne 26f	***		15	
16a	33 1/3 % support test-2008. If the organi				1/3 % or more, che		
. 04	and stop here. The organization qualifies a			5, and into 1415 00	170 70 01 111010; 011	SOR THO DOX	▶ [
ь	33 1/3 % support test—2007. If the organi		•	 or 16a, and line 15.		 e check this	
U	box and stop here. The organization qualif				13 33 173 78 31 11101	o, chock this	▶ [
17a	10%-facts-and-circumstances test—200	• •	• • •	•• ••••	or 16h and line 1/		
174							
	more, and if the organization meets the "factoriganization meets the "facts-and-circumst						▶ □
ь							
Ü	10%-facts-and-circumstances test—200	=					
	more, and if the organization meets the "factor-and-circumst			•	·		▶ [
18	organization meets the "facts-and-circumst Private foundation. If the organization did						
-							

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	ecked the box	on line 9 of Par	t I.)			
Sec	tion A. Public Support						
Ca	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513			!			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			:			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
-	line 6)						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6		·				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	L	L	,	<u> </u>		
14	First five years. If the Form 990 is for the	•	second, third, fourt	h, or fifth tax year a	is a section 501(c)((3)	. ┌
<u> </u>	organization, check this box and stop here			<u> </u>	'		
	tion C. Computation of Public Su			(A)		15	
15 16	Public support percentage for 2008 (line 8, Public support percentage from 2007 Sche					16	<u>%</u>
	tion D. Computation of Investmen						
<u> </u>	Investment income percentage for 2008 (lin			column (fl)		17	
 18	Investment income percentage from 2007 S					18	%
19a	33 1/3 % support tests—2008. If the organ		• • • •			and line	
	17 is not more than 33 1/3 %, check this bo						▶ ∟
b	33 1/3 % support tests—2007. If the organ						
	line 18 is not more than 33 1/3 %, check thi						🟲 📙
20	Private foundation, If the organization did	not check a how or	1 III 10 1 10 1 10 10 10 10 10 10 10 10 10 10	n chack this hav a	na coo inctalictions		

Schedule A (F	orm 990 or 990-EZ) 2008	LEXINGTON	COUNTY	SCHOOL	DISTRICT	57-1025465	Page 4
Part IV	Supplemental Info	rmation. Comple	te this part	to provide	the explanatio	n required by Part II, line 10;	
	Part II, line 17a or	17b; or Part III, li	<u>ne 12. Prov</u>	ide any oth	er additional in	nformation. (see instructions)	
• • • • • • • • • • • • • • • • • • • •				•			
•		••		•			
• • • •							
			• • •				
					• • • •		
		•••					•••
•							
				•			
	• • • • • • • • • • • • • • • • • • • •		••••				
			••				
							• • • • • • • • • • • • • • • • • • • •
				• • • • • • • • • • • • • • • • • • • •			•••

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	EXINGTON COUNTY SCHOOL DISTRICT	57-1025465				
	NE EDUCATIONAL FOUNDATION	L. Ott. O' I Frank				
Pa	ort I Organizations Maintaining Donor Advised Function the organization answered "Yes" to Form 990,		Accounts. Complete if			
	the organization answered Tes to Form 990,		(h) Funda and other appropriate			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate 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 exclu-	usive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor advisors in	wnting that grant funds may be				
	used only for charitable purposes and not for the benefit of the donor or	donor advisor or other				
	impermissible private benefit?		Yes No			
Pa	irt II Conservation Easements. Complete if the organic	anization answered "Yes" to For	m 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization (check	ali tha <u>t a</u> pply).				
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically in	mportant land area			
	Protection of natural habitat	Preservation of certified historic	structure			
	Preservation of open space					
2	Complete lines 2a–2d if the organization held a qualified conservation of	ontribution in the form of a conservation ea	asement			
	on the last day of the tax year.					
			Held at the End of the Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified historic structure inclu	uded in (a)	2c			
d	Number of conservation easements included in (c) acquired after 8/17/0		2d			
3	Number of conservation easements modified, transferred, released, ext		. Liil			
•	the taxable year	iniguismos, or tommiatos by the organization	on damig			
4	Number of states where property subject to conservation easement is k	posted				
_						
5	Does the organization have a written policy regarding the periodic moni	toring, inspection, violations, and	Yes No			
_	enforcement of the conservation easements it holds?		. Les100			
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing					
7	Amount of expenses incurred in monitoring, inspecting, and enforcing e					
8	Does each conservation easement reported on line 2(d) above satisfy t	ne requirements of section	Yes No			
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		· · — —			
9	In Part XIV, describe how the organization reports conservation easements					
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that des	scribes			
	the organization's accounting for conservation easements.	Historical Transverse or Other (Similar Assets			
P	organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to	Form 990 Part IV line 8	Similar Assets.			
	Complete if the organization answered Tes to	or offir 990, raitiv, line o.				
1a	If the organization elected, as permitted under SFAS 116, not to report					
	art, historical treasures, or other similar assets held for public exhibition		public service,			
	provide, in Part XIV, the text of the footnote to its financial statements the	nat describes these items.				
b	If the organization elected, as permitted under SFAS 116, to report in its					
	historical treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of publ	lic service,			
	provide the following amounts relating to these items:					
	(i) Revenues included in 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, prov	vide the			
	following amounts required to be reported under SFAS 116 relating to t	hese items:				
а	Revenues included in Form 990, Part VIII, line 1		> \$			
b	Assets included in Form 990, Part X		• \$			

Sched		COUNTY SCHO			25465		Page 2
	rt III Organizations Maintaining					(continu	ued)
3	Using the organization's accession and other items (check all that apply).	records, check any of the	following that are a sig	gnificant use of its coll	ection		
а	Public exhibition	d 🗍 Loar	n or exchange program	าร			
b	Scholarly research	e Othe	- · · -				
c	Preservation for future generations						
-	Provide a description of the organization's coll Part XIV	ections and explain how t	they further the organiz	zation's exempt purpo	se in		
5	During the year, did the organization solicit or				ſ	Yes	
	assets to be sold to raise funds rather than to				1 "Voc" to For		∐ No
Pa	rt IV Trust, Escrow and Custod				1 162 10 101	III 990,	
	Part IV, line 9, or reported a						
	Is the organization an agent, trustee, custodia	n or other intermediary fo	r contributions or other	assets not	١	П.,	П.,
	included on Form 990, Part X?				. ا	Yes	∐ No
b	If "Yes," explain the arrangement in Part XIV a	and complete the following	g table.				
						Amour	nt
С	Beginning balance				1c		
d	Additions during the year				. 1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on Fo	rm 990. Part X. line 21?		•		Yes	No
	If "Yes," explain the arrangement in Part XIV.	, ,		•	• •		
	rt V Endowment Funds. Compl	ete if organization a	answered "Yes" to	Form 990, Part	IV. line 10.		
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years ba	ack (e) Fou	ur years back
12	Beginning of year balance			 `` 	, ,		
						<u> </u>	 ,
	Contributions				 	- 	
	Investment earnings or losses						
	Grants or scholarships			 			
е	Other expenditures for facilities						
	and programs		- 	ļ 			
f	Administrative expenses			<u> </u>			
g	End of year balance		-		<u> </u>		
2	Provide the estimated percentage of the year	end balance held as:					
а	Board designated or quasi-endowment	%					
ь	Permanent endowment						
	Term endowment						
	Are there endowment funds not in the posses	sion of the organization th	nat are held and admin	istered for the			
	organization by						Yes No
	(i) unrelated organizations					3a(i)	T
	(ii) related assessmentage					3a(ii)	1
L					• •	3b	+
D	If "Yes" to 3a(ii), are the related organizations	•			• • •	. 30	L
4	Describe in Part XIV the intended uses of the			Dort V line 40			
Pa	rt VI Investments—Land, Build					(4) 0	
	Description of investment	(a) Cost or other basis (investment)	s (b) Cost or ot basis (other	' '	preciation	(d) Boo	K value
1a	Land						
b	Buildings						
	Leasehold improvements						
	Equipment						
	Other						
	. Add lines 1a–1e (Column (d) should equal F	orm 990, Part X. column (B), line 10(c))		•		
		,		<u> </u>			

Schedule D (Fo	orm 990) 2008	LEXINGTON COUNT	Y SCHOO	L DISTRICT	57-1025465	5	Page 3
Part VII	Investments	-Other Securities. See					
		otion of security or category		(b) Book value	(c) Met	hod of valuation	
	(includ	ding name of secunty)			Cost or end	-of-year market value	
Financial deriv	atives and other fir	nancial products					·
Closely-held ed		•					
Other							
				· · · · · · · · · · · · · · · · · · ·			·
							
							
					- 		
			· · · · · · · · · · · · · · · · · · ·				
		Form 990, Part X, col. (B) line 12		D-4 V II 42			•
Part VIII		-Program Related. See	Form 990,		(-)) (-)	the defendance	
	(a) Desc	inption of investment type		(b) Book value	1	thod of valuation I-of-year market value	
	···				Cost or end		
		· · · · · · · · · · · · · · · · · · ·					
			-				
	- .					•	
Total. (Column	n (b) should equal	Form 990, Part X, col (B) line 1;	3.)				
Part IX		ts. See Form 990, Part X					·
			Description			(b) Book v	alue
			· · · · · · · · · · · · · · · · · · ·				
							••
							_
		- 11.0					-
							
		· · · · · · · · · · · · · · · · · · ·					
							
					·		
	· · · · · · ·						
			 				
T-4-L (Calum	- (b) abauda asual	Form 990, Part X, col. (B) line 1	<u> </u>			•	
Part X		lities. See Form 990, Par			·		
FAILA		Description of liability	t A, iiile 20	(b) Amount			
		Description of hability		(b) Amount			
Federal incom	e taxes		 -				
			·_ ·				
							
							•
			·				
				ļ. <u>. </u>	→		
	¥						
		-					
Total. (Colum	n (b) should equal	Form 990, Part X, col (B) line 2	5.)	<u> </u>	l		
In Part XIV, pr	ovide the text of th	ne footnote to the organization's	financial staten	nents that reports the or	rganization's liability for		
uncertain tax p	ositions under FIN	N 48.					

Sched	dule D (Form 990) 2008 LEXINGTON COUNTY SCHOOL DISTRICT 5	7-1025465	Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	273,600
	Total expenses (Form 990, Part IX, column (A), line 25)	2	298,792
	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-25,192
	Net unrealized gains (losses) on investments	4	
	Donated services and use of facilities	5	
	Investment expenses	6	
7	Pnor period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	25,192
Pai	irt XII Reconciliation of Revenue per Audited Financial Statements With Reve	enue per Return	
1	Total revenue, gains, and other support per audited financial statements	1	273,600
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2ө	
3	Subtract line 2e from line 1	3	273,600
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		.]
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)	5	273,600
Pa	irt XIII Reconciliation of Expenses per Audited Financial Statements With Exp	enses per Retur	n
1	Total expenses and losses per audited financial statements	1	298,792
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities 2a		
	Prior year adjustments		
	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	<u>2e</u>	200 500
3	Subtract line 2e from line 1	3	298,792
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
þ	Other (Describe in Part XIV)		
	Add lines 4a and 4b	. <u>4c</u>	000 700
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	298,792
	ırt XIV Supplemental Information		
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV	', lines 1b	
and 2	2b; Part V, line 4, Part X, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		
_			
-			
_			
_			

Schedule D (Fo	orm 990) 200	8 L	EXI	IGTO	N C	OUN	ΤΥ	SCH	001	D	IS.	ri	CT			57	-10	254	165						Pag	e 5
Part XIV	Supplem	nental	Inforr	matio	n (cont	inued))																			
	·						_		_	_			_	_	_	_		_	_	_			- –	_	_	_
									_	_			-	_	_	_		· –	_	_		- -		_	_	-
							_		_	_			_	-	_	_		_	_	-				_	-	-
							_		_	_			_	-	-	_		-	-	_				_	_	-
·							_			_			_	_	_	_		-	_	_				-	_	
·	·						_		_		- -		-		-	-		_	_	_					-	-
							_		_	_			-	-	-	-		_	_	-				_	_	
							_		_	-			-	_	_	_		-	_	_				-	_	_
							_		_	_		- –	_	_	_			· —	_	_				_	_	_
	- -						_		_	-		- –	_	-	-	-		· –	_	_				-	_	_
							-		_				-	-		-		-	_	-				_	-	-
							-		_	-			-	-	-	-		-	_	_				_	_	_
							-		_	-			_	_	-	_		-	_	_				_	_	_
							_		_	_			_	_	_	_		-		-				_	_	_
							_		_	-			_	-	_	_		· –	_	-				_	-	-
					- -		-			_			_	-	-	_		· –	_					_	-	-
							_		_	_			_	_	_	_		· –	-	-				-	-	_
	 .						_		_				-		-	-		-	_	_	- ·			_	-	-
							_		_	-			-	-	_	-		-	-	-				_	-	-
	 -				— ·		_		_					-	_	-		-	-	-				_	-	-
							_		_	-			_	-	-	-		-	_	-	_				_	-
							_		_	_			_	-	-	_		· –	-	_				_	-	-
							-		-	_			_	_	_	_			_	-				_	-	-
	- - -						-		_	_			-	-	_	_		-	_	-	_			_	_	_
							-		_	-			_	-	-	-		- –	-	-				_	_	-
							_		_	_			_	-	_	_		-	_	_	_			· <u> </u>	-	_
							_		· –					_	-	_		. –	_	_	_			_	_	

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

► To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

2008
Open to Public Inspection

Name of the organization

LEXINGTON COUNTY SCHOOL DISTRICT ONE EDUCATIONAL FOUNDATION Employer Identification number

	ONE EDUCATIONAL FOUNDATION 57-1025465	<u> </u>		
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			}
	during the period of solicitation for students, or during the registration period if it has no solicitation program,	1		
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			
	describe. If "No," please explain	3	X	
				}
			,	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	X	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate		-	
	statement)			
_	<u> </u>			ļ ·
5	Does the organization discriminate by race in any way with respect to:			
а	Students' nghts or privileges?	5a	ļ	X
		Ì		
b	Admissions policies?	5b		X
				x
С	Employment of faculty or administrative staff?	5c_		
				х
a	Scholarships or other financial assistance?	5d		
_	Educational calculation	5e		x
е	Educational policies?	36		
	Use of facilities?	5f		x
ı	Ose of lacinities?	 		
~	Athletic programs?	5g		x
g	Authenic programs	Ju		
h	Other extracurricular activities?	5h		x
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate	<u> </u>		
	statement)			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	~	X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
-	If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of			
_	Rev. Proc. 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation.	7	X	

~
~
ц.
'n
90
က
0
=
Ċ
≈
_
9
~
ò
8
0
Ξ
8
4

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-0047

(1000)	Gove	rnment	s, and Individ	Governments, and Individuals in the U.S.	1,100,04,07,00		2008 2008	, ,
Department of the Treasury Internal Revenue Service		organizatio	n answered "Tes," on r ► Attach to Form 990.	ganization answered ⊤tes, on Form 990, Part IV, lines ∠1 of ∠∠. ▶ Attach to Form 990.	lines 21 or 22.		Open to Public Inspection	ဋ
	LEXINGTON COUNTY SCHOOL DISTIONE EDUCATIONAL FOUNDATION	TRICT			Employer 57-10	Employer identification number 57-1025465	er	
Part i General Ir	General Information on Grants and Assistance							
1 Does the organization r the selection criteria us 2 Describe in Part IV the	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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	grants or ass grant funds	istance, the grantees' in the United States.	eligibility for the grants	s or assistance, an	: : :	X Yes X	Š
art II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	nd Organ eceived r space is	izations in the Ur nore than \$5,000 needed	Organizations in the United States. Complete if the organization answered "Yes" on eived more than \$5,000. Check this box if no one recipient received more than \$5,00 bace is needed	plete if the org if no one recipi	ganization ansvient received m	wered "Yes" on ore than \$5,000. Use	×
1 (a) Name and ac	(a) Name and address of organization (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisa, assistance other)	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
:								
:								
	:							
:								
	:							
· ·	:							
:								
. :	:							
2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	;				:		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule I (Form 990) 2008

57-1025465 Schedule I (Form 990) 2008 LEXINGTON COUNTY SCHOOL DISTRICT

Page 2

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of 000'6 62,635 (c) Amount of cash grant Use Schedule I-1 (Form 990) if additional space is needed. (b) Number of recipients 130 32 (a) Type of grant or assistance NEEDS SCHOLARSHIPS ESSENTIAL Part IV Part III

ĕ

Forms 990 / 990-EZ Return Summary

For calendar year 2008, or tax year beginning 7/01/08, and ending 6/30/09

LEXINGTON COUNTY SCHOOL DISTRICT 57-1025465 ONE EDUCATIONAL FOUNDATION

	ning of Year			564,866
Revenue				
Contributions	2	62,514		
Program service revenue				
Investment income		11,086		
Capital gain / loss				
Special events:				
Gross revenue				
Direct expenses				
Net income				
Other income		0		
Total revenue			<u>273,600</u>	
Expenses	0	40.000		
Program services	2	49,868		
Management and general		48,924		
Fundraising		 ,	200 700	
Total expenses			298,792	05 100
Excess / (deficit)				-25,192
Other changes				-58,892
Net Asset / Fund B	alance at End of Year		_	480,782
Reconciliation of R	levenue	F	Reconciliation of Exp	enses
Total revenue per financial statements	273,600	Total expenses per	financial statements	298,792
Less [.]		Less [.]		
Unrealized gains				
		Donated service	es	
Donated services		Donated servic Prior year adjus		
Donated services		Prior year adjus		
Donated services Recovenes Other Plus		Prior year adjus Losses		
Donated services Recoveries Other		Prior year adjus Losses Other	stments	
Donated services Recovenes Other Plus		Prior year adjus Losses Other Plus	stments	
Donated services Recovenes Other Plus Investment expenses	273,600	Prior year adjus Losses Other Plus Investment exp Other	stments	298,792
Donated services Recovenes Other Plus Investment expenses Other	273,600	Prior year adjus Losses Other Plus Investment exp Other	enses	298,792
Donated services Recovenes Other Plus Investment expenses Other	273,600 Beginning	Prior year adjust Losses Other Plus Investment exp Other Total expe	enses	298,792
Donated services Recovenes Other Plus Investment expenses Other		Prior year adjust Losses Other Plus Investment exp Other Total expe	enses enses per return	298,792
Donated services Recovenes Other Plus Investment expenses Other Total revenue per return	Beginning	Prior year adjust Losses Other Plus Investment exp Other Total expe	enses enses per return	298,792
Donated services Recovenes Other Plus: Investment expenses Other Total revenue per return Assets	Beginning 565,155	Prior year adjust Losses Other Plus Investment exp Other Total expe	enses enses per return	
Donated services Recoveries Other Plus Investment expenses Other Total revenue per return Assets Liabilities	Beginning 565,155 289 564,866	Prior year adjust Losses Other Plus Investment exp Other Total expe Balance Sheet Ending 480,782	enses enses per return Differences	
Donated services Recoveries Other Plus Investment expenses Other Total revenue per return Assets Liabilities	Beginning 565,155 289 564,866	Prior year adjust Losses Other Plus Investment exp Other Total expe Balance Sheet Ending 480,782	enses enses per return Differences	
Donated services Recoveries Other Plus Investment expenses Other Total revenue per return Assets Liabilities	Beginning 565,155 289 564,866	Prior year adjust Losses Other Plus Investment exp Other Total expe Balance Sheet Ending 480,782	enses enses per return Differences	

