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Form **990**

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

2009

OMB No 1545-0047

Open to Public Inspection

A Fo	or the	2009 ca <u>lendar y</u> e	ear, or tax year beginning 01	-01-2009 and ending 12-31-200	09			
B Ch	eck ıf a	pplicable Please	C Name of organization SOUTH CAROLINA ASSOCIATI	ON OF		D Employer iden	tification number	
▼ Ad	dress ch	nange use IRS	COMMUNITY DEVELOPMENT (56-2049813		
┌ Na	me cha	nge label or print or	Doing Business As			E Telephone nun	nber	
	tıal retu	type. Se				(843) 579-98	355	
	mınate	Instruc-	PO BOX 20577	ox if mail is not delivered to street addr	ess) Room/suite	G Gross receipts \$	792,515	
	nended		City or town, state or country CHARLESTON, SC 29413	, and ZIP + 4				
J Ap	plication	n pending						
		I	ame and address of principal	officer	H(a) Is th	ıs a group return f		
		I	NIE MAZYCK east bay street		affilia	ates?	ΓYes Γ Nο	
			eston,SC 29403		H(b) Are a	II affiliates included	d?	
					1	o," attach a list (
			(c) (3) ◀ (insert no)		H(c) Grou	up exemption num	ber ►	
			1UNITYDEVELOPMENTSC		<u> </u>			
			ration Trust Association C	other 🕨	L Year of fo	ormation 1995 M S	State of legal domicile SC	
Pa	rt I							
Governance		The mission of S economic develo	opment industry in South Car	ty of life for low-wealth families a olina through the capacity buildi ce, Access to Capital, Advocacy	ng of local con	nmunity developm		
ē								
(S)	2	Check this box	If the organization discor	tinued its operations or disposed	d of more than	25% of its net as	sets	
	3		'	oody (Part VI, line 1a)			12	
Activities &	4			e governing body (Part VI, line 1			11	
돌	5		employees (Part V, line 2a)		•	5	6	
្ន	6		volunteers (estimate if neces			6	0	
	7a			Part VIII, column (C), line 12		7a _	0	
	Ь	Net unrelated bu	ısıness taxable ıncome from	Form 990-T, line 34		7b	0	
					Pric	or Year	Current Year	
	8	Contributions a	ind grants (Part VIII, line 1h		563,708	712,343		
∃E	9	Program servic	e revenue (Part VIII, line 2g)		140,730	77,071	
Ravenue	10	Investment inc	ome (Part VIII, column (A),	lines 3, 4, and 7d)		10,610	3,101	
ď	11	Other revenue	(Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			0	
	12			t equal Part VIII, column (A), lır	ne	715,048	702 515	
	13			olumn (A), lines 1-3)		206,333	792,515	
	14		· · ·	lumn (A), line 4)		200,333	207,832	
	15	•		nefits (Part IX, column (A), lines	5 –			
8	12	10)	compensation, employee bei	ients (Fait IX, Column (A), mies	5-	257,953		
Expenses	16a	Professional fui	ndraısıng fees (Part IX, colur	nn (A), line 11e)			0	
훘	Ь	Total fundraising e	xpenses (Part IX, column (D), line	25) ▶ 11,635				
ш	17	Other expenses	s (Part IX, column (A), lines	11a-11d, 11f-24f)		346,484	221,720	
	18	Total expenses	Add lines 13–17 (must eq	ual Part IX, column (A), line 25)		810,770	701,561	
	19	Revenue less e	xpenses Subtract line 18 fro	om line 12		-95,722	90,954	
Net Assets or Fund Balances					_	g of Current Year	End of Year	
10 kg	20	Total assets (P	art X, line 16)			764,002	791,220	
A B	21					108,063	44,327	
発置	22		und balances Subtract line 2			655,939	746,893	
Pa	rt II	Signature E				,	·	
		Under penalties of	регјигу, I declare that I have exan	nined this return, including accompanying of preparer (other than officer) is base				
			, Jane 22. ipieco Deciaratio	rearrant (2 and man officer) to bus				
Sigi		*****			2010	-07-20		
Her	e	Signature of off	ficer		Date			
			K PRESIDENT & CEO					
		Type or print na	ame and title					
		Preparer's	ud I Culitta ork	Date	Check if	Preparer's identifyi	ng number	
Paid		signature Dav	ıd L Splittgerber		self- empolyed •	(see instructions)		
Prep	arer's		urs L DERRICK STUBBS & STITH	I LLP	•	- L		
Use	Only	ıf self-employed), address, and ZIP +	4 508 HAMPTON STREET 1ST	FLOOR		EIN Þ		
						Phone no 🕨 (803	3) 799-5810	
May	the IP	S discuss this re	COLUMBIA, SC 29201 turn with the preparer shown	above? (see instructions)			▼ Yes No	
⊶ y			propurer anown	(===============================			, 110	

Form **990** (2009)

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

BRING TO GETHER SOUTH CAROLINA NONPROFIT COMMUNITY DEVELOPMENT CORPORATIONS WHOSE GENERAL PURPOSE IS TO REVITALIZE SOUTH CAROLINA'S DISTRESSED URBAN AND RURAL COMMUNITIES BY IMPROVING THE QUALITY OF LIFE AND EXPANDING THE ECONOMIC BASE

4e	Total program service	e expenses►\$	642,26	9							
	(Expenses \$	57,804 ir	ncluding grants o	f \$) (Revenue \$)					
4d	Other program servi	ces (Describe in Sc	chedule O)								
	(Code) (Expenses \$	57,804	including grants of \$) (Revenue \$)					
	INDIVIDUAL DEVELOPME	NT ACCOUNT									
4c	(Code) (Expenses \$	38,536	ıncludıng grants of \$) (Revenue \$)					
	TECHNICAL ASSISTANCE										
4b	(Code) (Expenses \$	109,186	including grants of \$) (Revenue \$)					
	ACCESS TO CAPITAL										
4a	(Code) (Expenses \$	436,743	including grants of \$	207,832) (Revenue \$)					
4	Section 501(c)(3) an	. 501(c)(4) organiz the total expenses,	ations and section	_	argest program services by e re required to report the amou ervice reported	•					
	If "Yes," describe the	se changes on Sche	dule O								
3	•	• .	•	t changes in how it con		⊤Yes 🗸 No					
	If "Yes," describe these new services on Schedule O										
2				rvices during the year	which were not listed on	Yes ✓ No					

Part IV	Check	dist 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	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	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		Νο
9	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.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ	ĺ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Ì	N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
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		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νo
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 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
25a	Section 501(c)(3) and 501(c)(4) 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		Νο
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		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
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, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
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	35		Νo
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance
--

			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						
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c					
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						
Ь	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 instructions)	2b	Yes				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	2-		No			
h	return?	3a 3b		Νο			
la							
Ь	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						
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c					
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo			
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).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νο			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal						
	benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g					
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h					
1	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_					
		8		Νo			
-	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 49662	0-		NI ~			
	Did the organization make any taxable distributions under section 4966?	9a 9b		No No			
O D	Section 501(c)(7) organizations. Enter	<i>5</i> 0		IN U			
	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
1	Section 501(c)(12) organizations. Enter						
	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)						
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						

729 east bay street charleston, SC 29403 (843) 579-9855

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

Se	ction A. Governing Body and Management						
			Yes	No			
_							
1a	Enter the number of voting members of the governing body 1a 12						
b ¬	Enter the number of voting members that are independent 11						
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		Νο			
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		Νο			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo			
6	Does the organization have members or stockholders?	6		Νo			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			110			
	venue Code.)						
			Yes	No			
	Does the organization have local chapters, branches, or affiliates?	10a		Νo			
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?	10b					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?						
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes				
13	Does the organization have a written whistleblower policy?	13	Yes				
14	Does the organization have a written document retention and destruction policy?	14	Yes				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes" to line a or b, 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?	16a		Νο			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the						
	organization's exempt status with respect to such arrangements?	16b					
	ection C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed ►SC						
18	Section 6104 requires an organization to make its 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 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 interest policy, and financial statements available to the public See Additional Data Table						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the CHRISTIE LYNN IVIE	ne orga	nızatıor	⊢			

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

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. 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 all of the organization's current key employees. 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, or 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 organization did not compensate any current or former officer, director, trustee or key employee											
(A) Name and Title	(B) A verage hours	erage Position (check all urs that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
NATE BARBER DIRECTOR	1 00	Х						О	0	0	
Jerry blassingame DIRECTOR	1 00	Х						0	0	0	
wilbur cave vice chairman	1 00	Х		Х				0	0	0	
michael lentz DIRECTOR	1 00	Х						О	0	0	
deborah livingston DIRECTOR	1 00	Х						О	0	0	
charles malloy secretary	1 00	Х		Х				0	0	0	
bernie w mazyck president & ceo	40 00	Х		Х				72,000	0	0	
luis rodriguez treasurer	1 00	Х						0	0	0	
scott singer chairman	1 00	Х		х				0	0	0	
andrea stevenson permanent seat	1 00	Х						0	0	0	
John stokes DIRECTOR	1 00	Х						0	0	0	
lupe stump DIRECTOR	1 00	Х						0	0	0	
john whittleton DIRECTOR	1 00	Х						0	0	0	

\$100,000 in compensation from the organization $\blacktriangleright 0$

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

(A) Name and Title	(B) Average hours per	that apply)						(D) Reportable compensation from the		(E) Reportable compensation from related	۱ ا	(F) Estimated amount of compense.	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiza		organizations (W- 2/1099- MISC)		from torganizati relat organiza	he on and ed
											_		
											+		
											+		
											_		
											+		
											+		
b Total				•	•		•		72,000		0		
Total number of individuals (includ \$100,000 in reportable compensa	-					d abov	e) wr	no receive	d more th	an			
												Yes	No
Did the organization list any forme on line 1a? <i>If</i> "Yes," complete Sched										ated employee	3		No
For any individual listed on line 1a													
organization and related organizat	· • • •		.50,0	•	•	• •	• •	• •	• • •		4		No
Did any person listed on line $1a$ rerendered to the organization? If "Y								elated org	anızatıon • •	for services	5		No
Section B. Independent Contr	actors												
Complete this table for your five h \$100,000 of compensation from t	ghest comp		lınde	pen	dent	contra	actor	s that rec	eived mo	re than			
	(A) and business								Desc	(B) cription of services		(C Comper	
Total number of independent contra	ctors (inclin	dina hiit	not l	ımıtı	ad to	those	listi	ed ahove)	who rece	ved more than			

Form 9	•	•						Page 9
Part \	<u>/1111</u>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
表表	1a	Federated cam	paigns 1a					
필등	ь	Membership du	ies 1b	10,105				
s, g	c	Fundraising eve	ents 1c					
<u>#</u>	d	Related organiz	zations 1d					
E)	e	Government grant	s (contributions) 1e	257,223				
or s	f	All other contribution	ons, gifts, grants, and 1f ot included above	445,015				
Contributions, gifts, grants and other similar amounts	g		ibutions included in					
돌	١.				712,343			
ें ल	h	Total. Add lines	s 1a-1f		/12,343			
e =		CONTRACTO		Business Code				
.ven	2a	CONTRACTS	NOT	900,099	38,618	38,618		
2 <u>2</u>	b	ANNUAL CONFERE	NCE	900,099	38,453	38,453		
Š	c c							
Š	d							
Ta E	e f	All other progra	am service revenue					
Program Service Revenue	'							
<u>~</u>	g		s 2a-2f	<u> </u>	77,071			
	3		ome (including dividen		3,101	3,101		
	4		ar amounts) stment of tax-exempt bond	F	5,151			
	5							
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	Ь	Less cost or other basis and						
	_	sales expenses Gain or (loss)						
	d		<u>[</u> ss)					
	8a		rom fundraising					
ë		events (not inc						
Other Revenue		\$ of contributions	 s reported on line 1c)					
ě			ne 18					
<u>u</u>			a					
돌	b c		penses b (loss) from fundraising	events 🕨				
_	9a		rom gaming activities					
			ne 19					
			a 					
	b c		penses b (loss) from gaming acti	vities				
	-	Gross sales of						
		returns and allo	owances .					
	ь	less cost of -	a oods sold b					
	c		oods sold b (loss) from sales of inve	entory 📂				
		Miscellaneous		Business Code				
	11a							
	ь							
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d					
	12	Total revenue	See Instructions .	-				
	1 12	iotai revenue.	See Instructions .				_	i .l

792,515

80,172

	990 (2009)				Page 10
Pari					
	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to α			(D)	
	ot include amounts reported on lines 6b,		(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	97,500	97,500	успени схрепосо	Скрепаса
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22		,		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	110,332	110,332		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and				
	key employees	72,000	69,840		2,160
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	154,831	147,203	7,628	
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)				
9	Other employee benefits	29,221	27,760	1,461	
10	Payroll taxes	15,957	15,478	479	
11	Fees for services (non-employees)				
а	Management	58,284	51,894	6,390	
b	Legal				
С	Accounting	6,000	5,400	600	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	1,809	1,718	91	
12	Advertising and promotion	8,539	4,270	2,134	2,135
13	Office expenses	4,862	4,376	243	243
14	Information technology	2,113	1,902	106	105
15	Royalties				
16	Occupancy	20,452	19,634	818	
17	Travel	33,270	18,299	8,317	6,654
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	30,285	27,257	3,028	
20	Interest	428	428		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,048		4,048	
23	Insurance	6,279		6,279	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	outside labor	26,624	26,624		
b	Telephone	10,756	10,326	430	
С	Shipping and Postage	3,377	1,351	1,688	338
d	Dues and Subscriptions	3,308	331	2,977	
е	equipment	656		656	
f	All other expenses	630	346	284	
25	Total functional expenses. Add lines 1 through 24f	701,561	642,269	47,657	11,635
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				
. —					

Part X Balance Sheet (A) (B) Beginning of year End of vear 189.561 208.151 1 Cash—non-interest-bearing 1 554.902 371.241 2 2 11,383 5,735 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 9 8.574 10a Land, buildings, and equipment cost or other basis *Complete Part* 10a VI of Schedule D 8,156 10b 4.466 4.108 b Less accumulated depreciation 10c 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 201.985 764.002 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 791,220 108.063 17 44.327 17 Accounts payable and accrued expenses 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 108,063 26 44,327 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 101.038 143,754 27 27 Unrestricted net assets 28 554.901 28 603.139 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 📂 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets Paid-in or capital surplus, or land, building or equipment fund 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 655,939 33 Total net assets or fund balances 33 746,893 34 Total liabilities and net assets/fund balances 764.002 791,220 34

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

Employer identification number

0 M B N - 1 E 4 E 00 4

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization SOUTH CAROLINA ASSOCIATION OF COMMUNITY DEVELOPMENT CORP

COMM	1UNITY	DEVELOPMENT CORP	56-2049813			
Pa	rt I	Reason for Public Charity Status (All organizations must complete this p	art.) See ınstru	ctions		
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one bo	x)			
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).				
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)				
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)	(A)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in sec hospital's name, city, and state	tion 170(b)(1)(A))(iii). Enter	the	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a	ı governmental un	ıt describe	d ın	
	_	section 170(b)(1)(A)(iv). (Complete Part II)				
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).			
7	Γ	An organization that normally receives a substantial part of its support from a governme described in section 170(b)(1)(A)(vi) (Complete Part II)	ntal unit or from th	ne general	oublic	
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)				
9	~	An organization that normally receives (1) more than 331/3% of its support from contrib	outions, membersh	nıp fees, an	d gros	ss
		receipts from activities related to its exempt functions—subject to certain exceptions, a				
		its support from gross investment income and unrelated business taxable income (less s				
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Par	•			
10	Г	An organization organized and operated exclusively to test for public safety. See section	•			
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functione or more publicly supported organizations described in section 509(a)(1) or section 509 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated	509(a)(2) See se e gh 11h)(3).	Check
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organizat section 509(a)(2)				
f		If the organization received a written determination from the IRS that it is a Type I, Type check this box	e II or Type III su	pporting or	ganız	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any following persons?		_		
		(i) a person who directly or indirectly controls, either alone or together with persons des	crıbed ın (ıı)		Yes	No
		and (III) below, the governing body of the the supported organization?		11g(i)		
		(ii) a family member of a person described in (i) above?		11g(ii)		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)		
h		Provide the following information about the supported organization(s)				

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	e tion in ted in erning	Did you no organiza col (i) o	otify the tion in f your	(v) Is t organiza col (i) or	he ation in ganized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
						+			_
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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 through 3						
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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ation qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Se	ection A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	750,699	693,622	629,378	704,438	712,343	3,490,48
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the					77,071	77,07
	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	750,699	693,622	629,378	704,438	789,414	3,567,55
6 70	Total. Add lines 1 through 5 A mounts included on lines 1, 2,	730,099	093,022	029,376	704,436	709,414	3,307,33
74	and 3 received from disqualified						
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public Support (Subtract line 7c from line 6)						3,567,55
Se	ection B. Total Support		l	I	l.		
Cale	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	ın) A mounts from line 6	750,699	693,622	629,378	704,438	789,414	3,567,55
10a	Gross income from interest,	730,033	033,022	023,370	701,130	703,111	3,307,33
	dividends, payments received on						
	securities loans, rents, royalties	25,584	40,852	26,365	10,610	3,101	106,51
	and income from similar sources						
Ь	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b	25,584	40,852	26,365	10,610	3,101	106,51
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,	776,283	734,474	655,743	715,048	792,515	2 674 06
	11 and 12)	,	,	· 1			3,674,06
14	First Five Years If the Form 990 is for check this box and stop here	or the organizatio	n's first, second,	third, fourth, or f	ıfth tax year as a	501(c)(3) organ	ization, ►
Se	ection C. Computation of Publ	lic Support Pe	rcentage				
15	Public Support Percentage for 2009	(line 8 column (f) divided by line 1	.3 column (f))		15	97 100 %
16	Public support percentage from 200	8 Schedule A , Pa	rt III, line 15			16	
	ection D. Computation of Inve						
17	Investment income percentage for 2	2009 (line 10c col	umn (f) divided b	y line 13 column	(f))	17	2 900 %
18	Investment income percentage from	n 2008 Schedule <i>A</i>	, Part III, line 17	7		18	
19a	33 1/3% support tests—2009. If the					han 33 1/3% and	line 17 is not
	more than 33 1/3%, check this box a	and stop here. Th	e organızatıon qu	alıfıes as a public	cly supported		

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

33 1/3% support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493203004180

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

iterria	F Attacil to Fo	onin 330. F See separate instructions.	Inspection
SOL	me of the organization JTH CAROLINA ASSOCIATION OF MMUNITY DEVELOPMENT CORP		Employer identification number
	rt I Organizations Maintaining Donor Ac		56-2049813 Inds or Accounts. Complete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bollot advised fallas	(b) I and and other accounts
<u>-</u> 2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
			d
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	organization's exclusive legal control?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the benconferring impermissible private benefit		·
Pa	rt III Conservation Easements. Complete	if the organization answered "Yes" to	Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	historically importantly land area ertified historic structure of a conservation
	,	Γ	Held at the End of the Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified his	toric structure included in (a)	2c
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d
3 4	Number of conservation easements modified, transfe the taxable year - Number of states where property subject to conserva		d by the organization during
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	ling of violations, and
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year ▶
7	A mount of expenses incurred in monitoring, inspectir	ng, and enforcing conservation easements	during the year ►\$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sec	Yes No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial	•
Par	TIII Organizations Maintaining Collectio Complete if the organization answered "		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h ın furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ir	•
	(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, histofollowing amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1	<u>-</u>	► \$

b Assets included in Form 990, Part X

Part :	III Organizations Maintaining Co	HECTIONS OF AFT	, HIS	<u>tori</u>	cai ii	easur	es, or c	tnei	r Similiar As	sets (<u>continued)</u>
	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e foll	owing	that are	a significa	ant us	se of its collec	tion	
a	Public exhibition		d	Г	Loan	orexcha	ange progi	ams			
ь	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v the	/ furthe	er the or	ganızatıor	ı's ex	empt purpose	ın	
	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Г Yes	┌ No
Part	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Ye	es" to Form 9	90,	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontribu	tions or	other ass	ets n	ot	┌ Yes	┌ No
b 1	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ıng ta	able		Г		Λ.	nount	
_	Basining halance						-	10	AI	ilount	
_	Beginning balance Additions during the year						-	1c 1d			
	Distributions during the year						 	1e			
_	Ending balance						-	1f			
	Ending balance Did the organization include an amount on Fo	orm 990 Part Y line	217				L			┌ Yes	
	If "Yes," explain the arrangement in Part XIV		C _ I '							, 163	, 110
Pari			n anc	WAT	nd "Ve	s" to Fo	orm 990	Part	t IV line 10		
	Endownent Funds. Complete	(a)Current Year		Prior '			Years Back		hree Years Back	(e)Four	Years Back
1a	Beginning of year balance										
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held a	as								
a	Board designated or quasi-endowment 🕨	%									
b I	Permanent endowment 🕨 %										
c ·	Term endowment 🕨 %										
	Are there endowment funds not in the posses organization by	ssion of the organiza	ation t	hat a	re held	d and ad	mınıstere	d for t	the	Yes	No
((i) unrelated organizations								3a		
	(ii) related organizations								3a(
	If "Yes" to 3a(II), are the related organization							•	3	D	1
4 Part	Describe in Part XIV the intended uses of th VI Investments—Land, Buildings					00 Da-	t V line	10			
ranu	Threstments—Land, buildings	o, anu Equipme	11t. 5				T '		(-) As		
	Description of investment				a) Cost (sis (inve	or other estment)	(b) Cost or basis (ot		(c) Accumulate depreciation	ed (d)	Book value
	and		-								
	uildings		-								
	easehold improvements		•	<u> </u>							
	quipment		•	-				8,574	4,	466	4,108
	ther			<u> </u>					▶		
Intal	Add lines 1a-1e (Column (d) should equal Fo	rm (10/1 Dart V colur									4,108

Part VII Investments—Other Securities. S (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related.	See Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	P -	
Part IX Other Assets. See Form 990, Part X	, line 15.	
	cription	(b) Book value
assets held-for-sale		201,985
Total. (Column (b) should equal Form 990, Part X. col.(B) In	ne 15.)	201.985
Total. (Column (b) should equal Form 990, Part X, col.(B) II. Part X Other Liabilities. See Form 990, Pa		
Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa	rt X, line 25.	
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of Liability		
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of Liability Federal Income Taxes	rt X, line 25.	201,985
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of Liability	rt X, line 25.	
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of Liability Federal Income Taxes	rt X, line 25.	
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of Liability Federal Income Taxes	rt X, line 25.	201,985
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Part X Other Liabilities. See Form 990, Pa 1 (a) Description of Liability Federal Income Taxes	rt X, line 25.	201,985
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Part X Other Liabilities. See Form 990, Pa 1 (a) Description of Liability Federal Income Taxes	rt X, line 25.	201,985
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of Liability Federal Income Taxes	rt X, line 25.	201,985
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of Liability Federal Income Taxes	rt X, line 25. (b) A mount	201,985

Pai	t XII Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	ıts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	792,515
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	701,561
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	90,954
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	90,954
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	792,515
2	A mounts 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		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	792,515
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	792,515
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	701,561
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	701,561
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	701,561
	** Supplemental Information		
Con	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P $lpha$	art IV,	lines 1b and 2b,

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any

Identifier Return Reference Explanation

additional information

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Grants and Other Assistance to Organizations, Governments and Individuals in the United States OMB No 1545-0047

DLN: 93493203004180

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Inspection

Employer identification number Name of the organization SOUTH CAROLINA ASSOCIATION OF 56-2049813 COMMUNITY DEVELOPMENT CORP Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Form 990, Part I	ner Assistance to V, line 21 for any	• Governments and recipient that receive 0) if additional space	l Organizations in d more than \$5,000	the United States . Check this box if r	no one recipient rece	ived more than \$5,0	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARENDON COUNTY CDC PO BOX 160 MANNING,SC 29102			5,000				to facilitate development of commercial, affordable housing, or other economic development projects
METANOIA CDC2005 REYNOLDS AVENUE NORTH CHARLESTON, SC 29405			22,500				to facilitate development of commercial, affordable housing, or other economic development projects
SUMTER CO CDC337 MANNING AVENUE SUMTER, SC 29150			5,000				to facilitate development of commercial, affordable housing, or other economic development projects
SAFEPO BOX 5597 COLUMBIA,SC 29250			5,000				to facilitate development of commercial, affordable housing, or other economic development projects
soteria80 byrdland drive greenville, SC 29607			22,500				to facilitate development of commercial, affordable housing, or other economic development projects
charleston area cdc2146 dorchester rd charleston, SC 29405			22,500				to facilitate development of commercial, affordable housing, or other economic development projects
williamsburg enterprise community commission2104 thursgood marshall hwy kingstree, SC 29731			7,500				to facilitate development of commercial, affordable housing, or other economic development projects
santee-lynches affordable			7 500				to facilitate

2	Enter total number of section 501(c)(3) and government organizations	
3	Enter total number of other organizations	8

housing and cdc255 broad

suMTER,SC 29130

street

development of

housing, or other economic

commercial, affordable

development projects

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
administered through the S C Department of Commerce and SCACDC to support CDC sponsored projects in the state that create jobs, start small businesses, create affordable housing and help low-to-moderate income persons acquire assets	45	110,332			
See Addıtıonal Data Table					

Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.						
Ident if ier	Return Reference	Explanation					

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As Filed Data -

DLN: 93493203004180

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009

Open to Public Inspection

Name of the organization SOUTH CAROLINA ASSOCIATION OF COMMUNITY DEVELOPMENT CORP Employer identification number 56-2049813

Identifier Return Reference		Explanation		
Form 990, Part VI, Section B, line 11		At the april, 2009 meeting the board of directors was presented the form 990 for its review and approval		
Form 990, Part VI, Section B, line 12c		ANNUALLY, EACH BOARD MEMBER IS REQUIRED TO REVIEW AND SIGN A CONFLICT OF INTEREST STATEMENT AND A CODE OF CONDUCT POLICY STATEMENT EACH STAFF PERSON UPON HIRING IS REQUIRED TO REVIEW THE PERSONNEL MANUAL, WHICH INCLUDES A CONFLICT OF INTEREST POLICY AND SIGN AND ATTEST THAT THEY HAVE READ SAID POLICY		
Form 990, Part VI, Section B, line 15		THE PERSONNEL COMMITTEE REVIEWS AND CONSIDER COMPENSATION LEVELS IN ACCORDANCE WITH SURVEY DATA ON NON-PROFIT COMPENSATION FORM THE S.C. ASSOCIATION OF NON-PROFIT ORGANIZATIONS(SCANPO)		
Form 990, Part VI, Section C, line 19		THE ORGANIZATION CONSISTENTLY DESCRIBES ITSELF AS A PUBLIC NON-PROFIT WHO'S ORGANIZATIONAL, AND GOVERNING DOCUMENTS, AS WELL AS ALL POLICES ARE OPEN TO PUBLIC FOR REVIEW THE ORGANIZATION'S FINANCIAL STATEMENTS ARE PUBLISHED ON ITS WEBSITE		

Additional Data

Software ID:

Software Version:

EIN: 56-2049813

Name: SOUTH CAROLINA ASSOCIATION OF

COMMUNITY DEVELOPMENT CORP

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
outside labor	26,624	26,624		
Telephone	10,756	10,326	430	
Shipping and Postage	3,377	1,351	1,688	338
Dues and Subscriptions	3,308	331	2,977	
equipment	656		656	