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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

OMB No 1545-0047 2009

Open to Public Inspection

	For the 2009	calendar year, or tax year beginning 07/01/09 , and ending 06/30	0/10					
	Check if applicable Address change	use IRS SOUTH CAROLINA CHARITIES INC	_	D	Employ	ver identification number		
$\equiv$	Name change	label or print or Doing Business As			57-	1110542		
$\equiv$		type. Number and street (or P O box if mail is not delivered to street address)	Room/suite	e E	Telepho	ne number		
$\equiv$	nitial return	See 135 SOUTH MAIN STREET	600		<u>864</u> .	-836-1120		
ı	Termination	Instruc- City or town, state or country, and ZIP + 4		<b>G</b> Gr	oss receip	ots\$ 1,271,891		
<u></u>	Amended return	tions. GREENVILLE SC 29601						
	Application pendii	F Name and address of principal officer  DARIN MACDONALD		H(a)		group return for  ? Yes X No		
		135 SOUTH MAIN STREET		Н(ь)	affiliates?  H(b) Are all affiliates included?  Yes  Yes			
		GREENVILLE SC 29601				Yes No		
1	Tax-exempt st					,		
	Website.			H(c)	Group e	xemption number		
		on X Corporation Trust Association Other ▶	L Year of forma	tion 200	<u>1                                    </u>	M State of legal domicile SC		
P		Summary						
	-	describe the organization's mission or most significant activities						
9		PROVIDE FUNDING TO OTHER NON-PROFIT ORGANIZATION	S OR					
nan	CH.	ARITIES.						
Governance	0.05.51	the bar <b>b</b> (5 th	050/ -6.4-					
ပိ	i	this box ▶ ☐ if the organization discontinued its operations or disposed of more the following members of the governing body (Part VI, line 1a)	nan 25% of its	net assets.	a	7		
<b>ජ</b> ග		er of voting members of the governing body (Fart VI, line 1a) er of independent voting members of the governing body (Part VI, line 1b)		}	3 4	7		
Activities &		number of employees (Part V, line 2a)		}	5	6		
휹		number of colunteers (estimate if necessary)		ŀ	6			
∢		gross unrelated business revenue from Part VIII, column (C), line 12		1	7a			
		related business taxable income from Form 990-T, line 34		ſ	7b	0		
				rior Year		Current Year		
ą	8 Contri	outions and grants (Part VIII, line BECEIVED			$\dashv$			
Ē	<b>9</b> Progra	im service revenue (Part VIII, line 2g)						
Revenue	10 Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)		81	1 271 901			
		revenue (Part VIII, column (A) lines A hours, 9e, 10c, and 1e)	<u>,291,0</u> ,291,7		1,271,891 1,271,891			
-		evenue – add lines 8 through 1 (must equal Part VIII, column (A), line 12)	710,1		665,041			
	14 Renef	s and similar amounts paid (Part Column (A), lines 1-3) ts paid to or for members (Part Locatum (A), line 4)	-	, = 0 , =	-	003/041		
		es, other compensation, employee benefits (Part IX, column (A), lines 5–10)	415,0	76	423,696			
penses	1	sional fundraising fees (Part IX, column (A), line 11e)						
		undraising expenses (Part IX, column (D), line 25) ▶						
Ä	17 Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		58,7		87,081		
	18 Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1	,183,9	76	1,175,818		
		ue less expenses Subtract line 18 from line 12		107,8		96,073		
sets or	20 T-+-1	pagets (Part V. line 16)	Beginnin	g of Current Y		End of Year 1,242,410		
^- Asse Bala	1	assets (Part X, line 16) iabilities (Part X, line 26)		799,1		1,187,426		
5 5 E		sets or fund balances Subtract line 21 from line 20		110,0		54,984		
- P	•	Signature Block			<u> </u>	0.701		
		Under penalties of perjury, I declare that I have examined this return, including accompanying sch	edules and stater	ments, and to	the best	of my knowledge		
	1	and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on	all information of					
돌 Sig	jn				2-2	5-11		
	re	Signature of officer			Date			
į			RECTOR					
		Type or pnnt name and title		<u> </u>		Departe dontifuna number		
. —		Preparer's Dat		Check if self-		Preparer's identifying number (see instructions)		
Pai	id	signature Francis H. HORTON III. CPA 02	2/21/11	employed >	<u> </u>	P00115827		
Hei			<del>-,                                    </del>			<u> </u>		
Pre	eparer's	GREENE, FINNEY & HORTON LLP		E	EIN 🕨	52-2212837		
Pre		Firm's name (or yours of self-employed).  GREENE, FINNEY & HORTON LLP  107-A HILLCREST AVENUE		F	Phone			
Us:	eparer's e Only	Firm's name (or yours GREENE, FINNEY & HORTON LLP		F	Phone	52-2212837 864-962-1040 Yes No		

Form 990 (2009)

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Pa	art IV Checklist of Required Schedules			age (
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		İ	l
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	١	,,	
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 related 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		X
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	1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	x
14a		14a		X
b	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		X
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 United States? If "Yes," complete Schedule F, Part II	15		X
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 United States? If "Yes," complete Schedule F, Part III	16	L	X
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	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	l	X

20

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

Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X 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 X 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines X 24b through 24d and complete Schedule K If "No," go to line 25 24a 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 X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X 25b 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 26 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 X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L. Part IV 28b 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 direct or indirect owner? If "Yes," complete Schedule L, X 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X Part I 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 32 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 X 33 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 X Schedule R. Part V. line 2 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 38

Form 990 (2009)

X

Pa	ert V Statements Regarding Other IRS Filings and Tax Compliance			. <del></del>		
	<del></del>		-	-	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	1a	60			
þ	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 re-	portabl	e	Į.		
	gaming (gambling) winnings to prize winners?		•	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	!				
3a		ed by				
Ju	this return?	,		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	tv			-
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin		,			
	account)?			4a		X
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					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg	arding				
	Prohibited Tax Shelter Transaction?			<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne			:	
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				
	gifts were not tax deductible?			6b	ļ	
7	Organizations that may receive deductible contributions under section 170(c).					
а	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as				
	required to file Form 8282?	1 !	1	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a penefit contract?	persona	al .	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required'	>		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-	C as				
	required?			7h		
8	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	ļ	
9	Sponsoring organizations maintaining donor advised funds.			-		
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	1	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		<del></del>		
11	Section 501(c)(12) organizations. Enter	1	1			
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446				
40-	amounts due or received from them )	11b	<u></u>			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1041 / 1 <sub>125</sub>		12a	-	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No\_ Yes 1a Enter the number of voting members of the governing body **b** Enter the number of voting members that are independent 1b 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 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7а b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Does the organization have local chapters, branches, or affiliates? 10a 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? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 X Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b rise to conflicts? 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 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions ) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > 17 Section 6104 requires an organization to make its Forms 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 | X | Another's website | X | Upon request 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > SOUTH CAROLINA CHARITIES INC 135 S. MAIN ST

GREENVILLE

# 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. 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, 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

(A) Name and Title	(B) Average									
Name and Title	hours per week	or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
MIKE MUNAFO										
DIRECTOR	1.00	X						0	0	0
IRV WELLING	1								_	
DIRECTOR	1.00	X		_	L		<u> </u>	0	0	
MIKE WOOD			1							_
DIRECTOR	1.00	X		<u> </u>		<u> </u>		0	0	0
BOB STEGNER								_	_	_
DIRECTOR	1.00	X		_				0	0	0
BOBBY HITT										
PRESIDENT	1.00	<u> </u>		X			<u> </u>	0	0	
BOB NITTO	1 00	1								
VICE-PRESIDE	1.00	-	_	X		<u> </u>	_	0	0	0
MAX METCALF SEC/TREASURE	1.00			x				o	0	0

Form	990 (2009)	SOUTH	CAF	ROLINA	CH	AR	II	IE	S	IN	<u> </u>	57-111	0542			Page 8
												nd Highest Compensated	Employees (continued)			
ž		(A) e and Title		(B) Average hours pe week	r ⊢	Individual trustee	institutional trustee	Check Officer		a Highest compensated employee		(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Esti amo comp fro orga and	(F) mated punt of ther ensatio m the nization related	ı
					_											
	<del></del>														<del></del>	
																_
	2.2.															
	Total	har of individ	uala (ın	aludina hut	not lin	nutor	4 +0	thoo	o lic	tod o	bou	e) who received more than	\$100,000 in	<del></del>		
2		compensation		_				u 105	e 115	teu a	DOV	e) who received more than	\$100,000 in			
3	Did the org employee For any in-	ganization lisi on line 1a? li dividual listed	t any <b>fo</b> f "Yes," d on line	rmer officer complete S e 1a, is the	r, dire schedi sum o	ctor ule c	or tr I for	suci able	n inc	lividu	ial atio	oyee, or highest compensation	from	3	Yes	X X
5	individual Did any pe	erson listed o	n line 1	a receive oi	accr	ue c	omp	ens	atıor	n fron	n an	s," complete Schedule J fo y unrelated organization fo such person		5		x
Sec		ependent Co			163,	COII	ipici	0.00	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	uie o	101	Such person		1_3		<u> </u>
1	Complete	this table for tion from the	your fiv	/e highest o		nsat	ted II	ndep	end	lent d	contr	ractors that received more				
			Name and	(A) business addres	s							Descrip	(B) vition of services		(C) Compen:	sation
												· · · · · · · · · · · · · · · · · · ·				
	Total num	ber of indepe	endent (	contractors	(inclu	dına	but	not I	ımıtı	ed to	the	se listed above) who receiv	ved			
DAA		\$100,000 in													0 rm <b>99</b>	0 (2009)

Pa	Part VIII Statement 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				
ts ts	1a	Federated campaigns	1a										
Eg		Membership dues	1b										
PE		Fundraising events	1c					:					
iffs		Related organizations	1d										
9.E		-											
Siris		Government grants (contributions)	1e										
풀칠	T	All other contributions, gifts, grants, and similar amounts not included above	4.										
			1f										
Sal	_	Noncash contributions included in lines 1a-	11"	\$									
Program Service Revenue Contributions, gifts, grants	n	Total. Add lines 1a-1f		-	Duna Onda								
ž	•				Busn. Code								
Š	2a												
e e	þ								<u> </u>				
Š	C												
နှ	d				·								
<u>ra</u>	е												
ē.		All other program service reve	nue				-						
-		Total. Add lines 2a–2f			<u> </u>								
	3	Investment income (including	divider	nds, intere	est, and								
		other similar amounts)											
	4	Income from investment of tax	-exem	pt bond p	roceeds >	.—			·				
	5	Royalties											
		(ı) Real		(II) F	Personal								
	6a	Gross Rents											
	b	Less rental exps											
	С	Rental inc or (loss)											
	d 7a	Net rental income or (loss) Gross amount from (1) Securities		1	<b>•</b>								
	, α	sales of assets (i) Securities	3	(11)	Other								
		other than inventory		-									
	b	Less cost or other											
		basis & sales exps											
1		Gain or (loss)		L									
		Net gain or (loss)			<u> </u>								
e	8a	Gross income from fundraising eve	nts										
e u		(not including \$											
اچ		of contributions reported on line 1c	)										
Other Reven		See Part IV, line 18	а										
돭		Less direct expenses	þ										
-		Net income or (loss) from fund		events	<u> </u>								
	9a	Gross income from gaming activities	S										
		See Part IV, line 19	а		<u> </u>								
		Less direct expenses	b										
		Net income or (loss) from gam	ung ac	tivities									
	10a	Gross sales of inventory, less											
		returns and allowances	а										
		Less cost of goods sold	b										
	С	Net income or (loss) from sale		ventory	<u> </u>	_							
		Miscellaneous Revenue	<del></del>		Busn. Code	4							
	11a	GOLF TOURNAMENT				1,271,891	1,271,891						
	b												
	C												
	d	All other revenue				1 055 055							
	е	Total. Add lines 11a–11d			<b>&gt;</b>	1,271,891							
	12	Total Revenue. See instruction	ns			1,271,891	1,271,891	0	0				

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. -- -- All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	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
			expenses	general expenses	ехрепаез
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	665 041	CCE 041		
	the U.S See Part IV, line 22	665,041	665,041		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		į		
	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				
6	Compensation not included above, to disqualified				
u	persons (as defined under section 4958(f)(1)) and				
			1		
_	persons described in section 4958(c)(3)(B)	3.CE E0.4		3.CE E0.4	
7	Other salaries and wages	365,504		365,504	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	7,885		7,885	
9	Other employee benefits	23,930		23,930	
10	Payroll taxes	26,377		26,377	
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,804		1,804	
	Accounting	1,750		1,750	
C				27.55	<u> </u>
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	004		004	
g	Other	824		824	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19					
		18,936		18,936	
20	Interest	10,930		10,930	·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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	TELEPHONE	15,242		15,242	
b	OFFICE	10,163		10,163	
c	FEES	8,640		8,640	
_	POSTAGE	6,593		6,593	
d	COPIER	6,353		6,353	<del></del>
e					
f	All other expenses	16,776	665 041	16,776	
25_		1,175,818	665,041	510,777	
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		1		

orm 99 Part	00 (2009) SOUTH CAROLINA CHARIT.  X Balance Sheet	IES INC	57-1110542		Page 11
rait.	A Balance Sneet		(A) -		(B) -
			Beginning of year		End of year
1	Cash—non-interest bearing		521	1	77,210
2	Savings and temporary cash investments			2	,
3	Pledges and grants receivable, net		660,452	3	1,027,773
4	Accounts receivable, net		222,050		137,427
5	Receivables from current and former officers, directors	trustees kev			
"	employees, and highest compensated employees Co	-			
	Schedule L	p.oto r are n or		5	
6		d under section			
`	4958(f)(1)) and persons described in section 4958(c)(3				
	Part II of Schedule L	//=/,		6	
2 7	Notes and loans receivable, net			7	
7 8	Inventories for sale or use		18,960	8	
ί   9	Prepaid expenses and deferred charges			9	
1	a Land, buildings, and equipment, cost or				1,118,
	other basis Complete Part VI of Schedule D	10a			
۱ ا	Less accumulated depreciation	10b	7,288	10c	
11	Investments—publicly traded securities			11	
12				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)	909,271	16	1,242,410
17	Accounts payable and accrued expenses			17	· - ·
18	Grants payable		651,829	18	676,136
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
3 21	Escrow or custodial account liability Complete Part IV	of Schedule D		21	
22	Payables to current and former officers, directors, trus	tees, key			
21 22 21 21	employees, highest compensated employees, and dis	qualified			
<u> </u>	persons Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated th	rd parties		23	
24	Unsecured notes and loans payable to unrelated third	parties		24	
25	Other liabilities Complete Part X of Schedule D		147,361	25	511,290
26	Total liabilities. Add lines 17 through 25		799,190	26	1,187,426
g	Organizations that follow SFAS 117, check here ▶	X and			
≧	complete lines 27 through 29, and lines 33 and 34.				
g   27	Unrestricted net assets		110,081	27	54,984
Ž   28				28	
29	•			29	
2	Organizations that do not follow SFAS 117, check h	ere ▶ 🔛			
5	and complete lines 30 through 34.				
g   30				30	
31				31	<u> </u>
g   32	•	or other funds		32	
27 28 29 30 31 32 33 34			110,081	33	54,984
<b>Z</b> 34	Total liabilities and net assets/fund balances		909,271	34	1,242,410

Form **990** (2009)

Form	orm 990 (2009) SOUTH CAROLINA CHARITIES INC 57-1110542			ge <b>12</b>
	rt XI Financial Statements and Reporting	_		
	• •		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	ı		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
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 separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
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)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

SOLITH CAROLINA CHARITIES INC.

Employer identification number 57-1110542

			DOUTH CAROLL	MA CHARITIES IN	<u> </u>				<u> </u>		0342		_
Pa	irt I	Reas	on for Public Charity	Status (All organizations	must c	complet	e this	part.)	See ir	nstruc	tions.		
he	orgai	nization is not	a private foundation because	e it is (For lines 1 through 11, o	check only	one box	:)	_					
1		A church, cor	nvention of churches, or ass	ociation of churches described	ın sectior	170(b)(1	I)(A)(i).						
2	П		cribed in section 170(b)(1)(										
3	П			ce organization described in sec	ction 170	(b)(1)(A)(	iii).						
4	Ħ			d in conjunction with a hospital of				\/1\/ <b>Δ</b> \/i	ii) Ente	er the h	osnital's na	me	
7	Ш			a in conjunction with a neepital c	200011000	m sectio	(5	ハ・ハーハ・	L	. u.c.ii	ospitai s na	116,	
_		city, and stat		of a college or upurorate or mod		حديدا امم							
5	Ш	-		of a college or university owned	or operat	ed by a g	overnme	entai uni	t descri	bea in			
			b)(1)(A)(iv). (Complete Part	·									
6	Щ		•	overnmental unit described in s			• • •						
7		An organizati	ion that normally receives a	substantial part of its support fro	om a gove	ernmenta	l unit or	from the	genera	al public			
	_	described in	section 170(b)(1)(A)(vi). (Co	omplete Part II)									
8	Ш	A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	II)								
9	X	An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross											
		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											
			-	0, 1975 See section 509(a)(2).				•					
10		-	<u>-</u>	exclusively to test for public safe			•						
11	П	•	•	exclusively for the benefit of, to	•				out the	e			
•		-	•	ed organizations described in se	-						,		
				he type of supporting organizati					•		•		
		a Type		c Type III-Functions		•	d	—	e III–Oi	hor			
_				anization is not controlled direct									
e	Ш	, ,			•						_		
		•	·	and other than one or more put	oliciy supp	ortea org	janizauo	ns desc	nbea in	section	1		
			section 509(a)(2)				_						
f		-		rmination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting				
		•	check this box										
g		Since Augus	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution from	any of th	ne						
		following per	rsons?										
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ibed in (	II)				Yes	No
		and (III)	below, the governing body o	f the supported organization?							11g	(i)	
		(ii) A family	member of a person describ	ped in (i) above?							119		
		(iii) A 35% c	controlled entity of a person of	described in (i) or (ii) above?							11g		
h			- · · · · · · · · · · · · · · · · · · ·	he supported organization(s)								3_71	
	Name	of supported	(II) EIN	(III) Type of organization	(iv) Is the c	rganization	(v) Did v	ou notify	(vi)	ls the	(vii)	Amount of	f
(-)		anization	(,	(described on lines 1–9		sted in your	the organ	nization in	organizat	ion in col		upport	,
				above or IRC section	governing	document?		of your port?		zed in the S ?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
					103	110	163	110	163	110	<u> </u>	<del></del>	
					<del> </del>								
					1								
					<u> </u>	<del> </del>			<b> </b>				
_		<u>,</u>											
			t .	ł	t :	t	i	i	1	Ŧ I	ı		

10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 SOUTH CAROLINA CHARITIES INC

Part III Support Schedule for Organizations Described in Section 500/a Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

	(Complete only if you city	ecked the box (	JII IIII B OI Fai	it (.)	<del> </del>		
	etion A. Public Support lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-		(4) 2000	(5) 2000	(6) 2007	(4) 2000	(e) 2003	(i) 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	3,141,053	5,962,781	4,857,496	4,008,043	3,542,856	21,512,229
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 through 5	3,141,053	5,962,781	4,857,496	4,008,043	3,542,856	21,512,229
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 \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						<del></del>
8	Public support (Subtract line 7c from line 6)						21,512,229
	tion B. Total Support					<del></del>	
	lendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	3,141,053	5,962,781	4,857,496	4,008,043	3,542,856	21,512,229
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,215	11,215	7,536	781		30,747
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	11,215	11,215	7,536	781		30,747
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
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 )	3,152,268	5,973,996	4,865,032	4,008,824	3,542,856	21,542,976
14	First five years. If the Form 990 is for the	-	second, third, four	th, or fifth tax year	as a section 501(d	c)(3)	_
	organization, check this box and stop her						▶
	tion C. Computation of Public Su						
15	Public support percentage for 2009 (line 8	• •	-	n (f))		15	99.86%
16	Public support percentage from 2008 Sch			<del></del>		16	%
	tion D. Computation of Investme				<del></del>		
17 10	Investment income percentage for 2009 (I	, ,	-	column (f))		17	<u>%</u>
18 10a	Investment income percentage from 2008			14 and less 45 :	aara than 22 4/2 2	<u>18</u>	%
19a b	33 1/3 % support tests—2009. If the orga 17 is not more than 33 1/3 %, check this b 33 1/3 % support tests—2008. If the orga	oox and <b>stop here.</b> <sup>-</sup>	The organization q	ualifies as a publicl	y supported organ	ization	<b>▶</b> [X
•	line 18 is not more than 33 1/3 %, check t					· ·	▶□
20	Private foundation. If the organization did		_	· · ·		•	, <u> </u>

Page 4

Schedule A (Form 990 or 990-EZ) 2009 SOUTH CAROLINA CHARITIES INC 57-1110542

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

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

Name of the organization Employer identification number SOUTH CAROLINA CHARITIES INC 57-1110542 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if Part I the organization answered "Yes" to Form 990. Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_ \_ \_ \_ \_ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? Yes No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items: (i) 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, provide the following amounts required to be reported under SFAS 116 relating to these items. Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

_	<del></del>	LINA CHARITI			2 / - T T			/ <u></u>		e 2
	rt III Organizations Maintaining (							continu	ea)	
3	Using the organization's acquisition, accession collection items (check all that apply):	, and other records, che	ck any of the follow	ng that are	a significa	int use o	f its		-	
а	Public exhibition	d Loan o	or exchange program	ns						
b	Scholarly research	e Other								
С	Preservation for future generations	_								
4	Provide a description of the organization's colle	ections and explain how	hey further the orga	anization's e	exempt pu	rpose in				
5	Dunng the year, did the organization solicit or re				nılar			□ <b>v</b>		N1 -
	assets to be sold to raise funds rather than to b				aaad	"\/oo" t	- Form 0	Yes		No
Pa	rt IV Escrow and Custodial Arrar			auon ans	swered	162 (	o Fomi 9	90, Part	•	
	IV, line 9, or reported an amo									
1a	Is the organization an agent, trustee, custodian	or other intermediary fo	r contributions or ot	her assets	not				_	
	ıncluded on Form 990, Part X?							Yes	L	No
b	If "Yes," explain the arrangement in Part XIV ar	nd complete the following	g table			_				
						L		Amount		
С	Beginning balance						1c			_
d	Additions during the year						1d			
е	Distributions during the year						1e			_
f	Ending balance						1f			_
	Did the organization include an amount on Forr	n 990 Part X line 212				_		Yes		— No
	If "Yes," explain the arrangement in Part XIV.	., 000, . 0.(.,						163		110
	art V Endowment Funds. Comple	te if organization a	nswered "Yes"	to Form	990 Pa	rt IV li	ne 10			
	Endownione Lands. Comple	(a) Current year	(b) Prior year	(c) Two ye			e years back	(e) Four v	ears ha	
	Danis of seas belong	(a) Suiterit your	(b) i noi your	(6) ).	aro buok	(4) 11110	youro buok	(0) 1 001 9		
	Beginning of year balance								·	
-	Contributions			<b></b>						
¢	Net investment earnings, gains,									
	and losses			<u> </u>						
d	Grants or scholarships			ļ						
е	Other expenditures for facilities							ļ		
	and programs									
f	Administrative expenses									
q	End of year balance									
2	Provide the estimated percentage of the year e	nd balance held as	· · ·							
	Board designated or quasi-endowment ▶	%								
	Permanent endowment ▶ %	<del></del>								
c										
	Are there endowment funds not in the possess	ion of the organization th	at are held and adr	ninistered f	or the					
Ja	·	ion of the organization to	iat are ricid and adi	illinstered i	or unc			[s	'es I	No.
	organization by: (i) unrelated organizations							3a(i)	63 1	10
	.,									
	(ii) related organizations		- 1 I- D0					3a(ii)	+	—
b	If "Yes" to 3a(ii), are the related organizations li	·						3b		—
4	Describe in Part XIV the intended uses of the c			0 0 1	<u> </u>					
Pŧ	art VI Investments—Land, Buildin		_							
	Description of investment	(a) Cost or other basis	(b) Cost or of			umulated		(d) Book va	alue	
		(investment)	basis (othe	r)	depre	eciation				
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment	<u>.</u>								_
	Other						<del>-     -     -     -     -       -  </del>			_
	I. Add lines 1a through 1e (Column (d) must equ	ual Form 990, Part X. co	lumn (B), line 10(c)	)	<del>-</del>		<b>•</b>			_
	<u> </u>									

Schedule D (Form 990) 2009 SOUTH CAROLINA CHARIT.		57-1110542	Page 3
Part VII Investments—Other Securities. See Form 990	), Part X, line 12.		<u></u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market val	- ue
Financial derivatives			
Closely-held equity interests			
Other			
		·	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			·····
Part VIII Investments—Program Related. See Form 99	0 Part X line 13		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) Description of investment type	(b) book value	Cost or end-of-year market val	ue
			<u> </u>
		·	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description		( <b>b)</b> 8	ook value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>	_
Part X Other Liabilities. See Form 990, Part X, line 29	5.	<u>-</u>	
1 (a) Description of liability	(b) Amount		
Federal income taxes			
LINE OF CREDIT	498,322		
PAYROLL LIABILITIES	12,968		
NEGATIVE BOOK CASH BALANCE			
<del></del>	<del> </del>		
	<del> </del>		
Tatal (Calumn (b) must acual Form (CC) Bod V and (D) bod CC)	511,290		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)		the thet reports the	
<ol><li>FIN 48 Footnote In Part XIV, provide the text of the footnote to the organ organization's liability for uncertain tax positions under FIN 48</li></ol>	nization's financial statemen	us mai reports the	

_	dule D (Form 990) 2009 SOUTH CAROLINA CHARITIES INC	A 11	57-111054		Page <b>4</b>
	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Financial Staten	I . I	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		•		
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	<del></del>
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	<del> </del>
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9			10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemen	nts W	ith Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	,		
C	Recovenes of prior year grants	2c			
d	Other (Describe in Part XIV )	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		•	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		]	
b	Other (Describe in Part XIV )	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5_	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents \	With Expenses per I	Retur	n .
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b	<u> </u>		
С	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts 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			
	Other (Describe in Part XIV)	4b		]	
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Pa	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lin	es 1a	and 4. Part IV, lines 1b		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, line				
	part to provide any additional information		<b>,</b>		
u 110 p	art to provide any additional information				
					- <b>-</b>
			· <b>- -</b> -		
			·		

Schedule D (F	orm 990) 2009	SOUTH	CAROLINA	CHARITIES	INC	57-1110542	Page 5
Part XIV	Suppleme	ntal Inforn	nation (continu	CHARITIES ed)			
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number 57-1110542

	No No	_ 	±						
	∏ Yes	ered "Yes" to re than \$5,000. Use	(h) Purpose of grant or assistance						
57-1110542	q	lanization answ nt received mo	(g) Description of non-cash assistance						
57-11	s or assistance, an	plete if the org no one recipie	(f) Method of valuation (book, FMV, appraisal, other)						
	eligibility for the grants	Organizations in the United States. Complete if the organization answered "Yes" to eived more than \$5,000. Check this box if no one recipient received more than \$5,00 ace is needed	(d) Amount of cash grant assistance assistance						
	Istance, the grantees' in the United States	zations in the Un ore than \$5,000. eeded	d) Amount of cash grant						
	ants or assignant funds	d Organi ceived m pace is n	(c) IRC section if applicable					·	
Assistance	e amount of the gr ce?	vernments and cipient that required if additional s	(b) EIN						organizations
SOUTH CAROLINA CHARITIES INC	es the constitution is selection	W.	1 (a) Name and address of organization or government						2 Enter total number of section 501(c)(3) and government organizations

Schedule I (Form 990) 2009

Page 2

Schedule I (Form 990) 2009 SOUTH CAROLINA CHARITIES INC 57-1110542

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 Part IV and Schedule I-1 (Form 990) if additional space is needed.

	USE PAR IV and Schedule I-1 (Porm 990) II additional space is needed.		ital space is fleeded.			
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book,   (f) Description of non-cash assistance
•		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
			665 041			
						i i
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	complete this part to	provide the information	on required in Part I,	line 2, and any other additi	onal information.

Schedule I (Form 990) 2009

SCHEDULE O

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

Department of the Treasury Internal Revenue Service

Name of the organization

SOUTH CAROLINA CHARITIES INC

Employer identification number

57-1110542

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 SUBMITTED TO BOARD FOR REVIEW.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

	Special	Events 3	Schedule	<b>)</b>			
For calendar year 2009, o					06	/30/10	2009
			,	,			entification Number
NA CHARITIES	INC					57-111	0542
(A)	(B)		(C)	0	thers	—	Total
3,542,856		0		0		0	3,542,856
0		0		0		<u> </u>	0
3,542,856		0		0			3,542,856
2,270,965		0		0			2,270,965
1,271,891		0		0		0	1,271,891
	NA CHARITIES  (A)  3,542,856  0  3,542,856  2,270,965  1,271,891	NA CHARITIES INC  (A) (B)  3,542,856  0  3,542,856  2,270,965	NA CHARITIES INC  (A) (B)  3,542,856 0  0 3,542,856 0  2,270,965 0  1,271,891 0	NA CHARITIES INC  (A) (B) (C)  3,542,856 0  0 3,542,856 0  2,270,965 0  1,271,891 0	NA CHARITIES INC  (A) (B) (C) O  3,542,856	NA CHARITIES INC  (A) (B) (C) Others  3,542,856 0 0  3,542,856 0 0  2,270,965 0 0  1,271,891 0 0	NA CHARITIES INC  (A) (B) (C) Others  3,542,856 0 0 0 0 0 0 3,542,856 0 0 0 0 0 0 1,271,891 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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