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Form **990-PF**Department of the Treasury

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

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and ending For calendar year 2011 or tax year beginning A Employer identification number Name of foundation MENTAL HEALTH AWARENESS FOUNDATION 57-0898098 C/O ANGELA POLK Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 843-260-4638 1411 SECOND LOOP ROAD City or town, state, and ZIP code C If exemption application is pending, check here FLORENCE, SC 29505 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here X Cash I Fair market value of all assets at end of year J Accounting method: Accrual If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) 209, 193. (Part I, column (d) must be on cash basis.) ▶\$ Analysis of Revenue and Expenses (d) Disbursements Part I (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income ıncome N/A Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch B Interest on savings and temporary cash investments 8,471 STATEMENT 8,471 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) -1.7456a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 352,696. b assets on line 6a 0 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 726 8,471 Total, Add lines 1 through 11 0. 0 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Administrative Expenses 16a Legal fees b Accounting fees c Other professional fees 17 Interest 0. TMT 2 350 0 18 Taxes 19 Travel, conferences, and med Printing apply blication 22 23 expenses Total operating and 24 administrative 350 0 expenses. Add ines 13 through 23 25,000. 25,000 Contributions, gifts, grants paid Total expenses and disbursements. 25,000. 25,350 0 Add lines 24 and 25 Subtract line 26 from line 12: -18,624 2 Excess of revenue over expenses and disbursements 8,471 b Net investment income (if negative, enter -0-) N/Ac Adjusted net income (if negative, enter -0-)

123501 12-02-11 LHA For Paperwork Reduction Act Notice, see instructions.

For	m 99	00-PF (2011) C/O ANGELA POLK		57-0	0898098 Page 2
Б		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	2,431.	4,643.	4,643.
	3	Accounts receivable >			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶		w	
		Less; allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7			a service of the desire of the teles	
		Less: allowance for doubtful accounts			
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans	0.40 000	000 105	004 550
	13	Investments - other STMT 3	243,033.	222,197.	204,550.
	14	Land, buildings, and equipment: basis	٠,	4 33	
		Less accumulated depreciation			
	15	Other assets (describe			
			245 464	226 040	200 102
	16	Total assets (to be completed by all filers)	245,464.	226,840.	209,193.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue			
ij.	20	Loans from officers, directors, trustees, and other disqualified persons			ì
Lia	21	Mortgages and other notes payable			
	22	Other liabilities (describe >)		·· ,	i
	23	Total liabilities (add lines 17 through 22)	0.	0.	
	23	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.	j		
es	24	Unrestricted			
Net Assets or Fund Balances	25	Temporarity restricted			1
39,	26	Permanently restricted			
둳	-	Foundations that do not follow SFAS 117, check here			•
Ξ	1	and complete lines 27 through 31.			•
ō	27	Capital stock, trust principal, or current funds	0.1	0.	4
šets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	245,464.	226,840.	
ě	30	Total net assets or fund balances	245,464.	226,840.	
~					
	31	Total liabilities and net assets/fund balances	245,464.	226,840.	
			lalances		
<u> </u>	аπ	Analysis of Changes in Net Assets or Fund B			
1	Tota	ıl net assets or fund balances at beginning of year - Part II, column (a), line	30		
	•	st agree with end-of-year figure reported on prior year's return)		1	245,464.
		er amount from Part I, line 27a		2	-18,624.
3		er increases not included in line 2 (itemize)	·		0.
4		lines 1, 2, and 3		4	226,840.
5		reases not included in line 2 (itemize)		5	0.
<u>6</u>	Tota	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	226,840.
					Form 990-PF (2011)

	and Losses for Tax on		t Income	1/53.1	Journa and Comment				
	be the kind(s) of property sold (rehouse; or common stock, 200			(0), Ι D	low acquired - Purchase - Donation		acquired day, yr.)	(d) Date sold (mo., day, yr.)	
3	<u> </u>						.		
b SEE ATTACHED	STATEMENTS								
cd									
e									
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1 107	st or other basis expense of sale				Gain or (loss is (f) minus		
<u>a</u>									
<u> </u>		- 							
<u> </u>									
352,696.			354,44	11.				-1,745	
Complete only for assets showing	g gain in column (h) and owned	by the foundation	on 12/31/69			(I) Gains (Col. (h) gain	minus	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any			col. (k), but Losses	(k), but not less than -0-) or Losses (from col. (h))		
A									
)									
c d		•-							
e								-1,745	
<u> </u>	C If gain, also al	nter in Part I, line	7	7	-	-		= 7 ·	
Capital gain net income or (net cap		r -0- in Part I, line		}	2			-1,745	
Net short-term capital gain or (los	•								
If gain, also enter in Part I, line 8, o		, ,,		}			37 / 3		
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder Section 4940(e) 1	for Paducac	Tay on Net	LIDV	3 estment	ncome	N/A		
as the foundation liable for the sect Yes," the foundation does not quali	fy under section 4940(e). Do no	t complete this pa	art.					Yes X No	
Enter the appropriate amount in e		istructions before	making any entri		-			(d)	
Base period years Calendar year (or tax year beginnir	ng in) Adjusted qualifying		Net value of no	(c) oncha			Distril (col. (b) div	(d) pution ratio yided by col. (c)) . 08901	
2010 2009		20,000.			210,4			.10162	
2008		40,000.			300,68			.13303	
2007									
2006									
Total of line 1, column (d)						2		.32366	
Average distribution ratio for the 5 the foundation has been in exister		otal on line 2 by 5,	or by the numbe	r of ye	ars	_3_		.10788	
Enter the net value of noncharitab	le-use assets for 2011 from Part	t X, line 5				4		226,136	
Multiply line 4 by line 3						5		24,397	
Enter 1% of net investment incom	ne (1% of Part I, line 27b)					_6_		85	
Add lines 5 and 6						7	<u> </u>	24,482	
B Enter qualifying distributions from	n Part XII, line 4					8	<u> </u>	25,000	
If line 8 is equal to or greater than	line 7, check the box in Part Vi,	line 1b, and com	plete that part usi	ng a 1	% tax rate.				
See the Part VI instructions.							-	orm 990-PF (201	

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	990-PF (2011) C/O ANGELA POLK 57-08 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	98098 e instru	ıctio	Page 4 1 s)
Щ.	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			1
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%			<u>85.</u>
	of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			,
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2			<u>85.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			<u>85.</u>
6	Credits/Payments:		-	,
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 270.			
b	Exempt foreign organizations - tax withheld at source	1		ι
C	Tax paid with application for extension of time to file (Form 8868)			1
đ	Backup withholding erroneously withheld 6d 6d			
7	Total credits and payments. Add lines 6a through 6d		<u>2</u>	<u>70.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1	<u>85.</u>
	Enter the amount of line 10 to be: Credited to 2012 estimated tax ▶ 185. Refunded ▶ 11			<u>0.</u>
$\overline{}$	rt VII-A Statements Regarding Activities	- ,	1.7	_
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	
	any political campaign?	<u> 1a</u>		X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b	ļ. <u>.</u>	<u>X</u> _
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or]	
	distributed by the foundation in connection with the activities.			'
	Did the foundation file Form 1120-POL for this year?	1c_	-	X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .		İ	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	i	1	,
	managers. ► \$0.			,,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		-	, ·
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	 	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		
	If "Yes," has it filed a tax return on Form 990-T for this year?	1	-	х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	┢──	^
_	If "Yes," attach the statement required by General Instruction T.			,
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		Х	-
	remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	<u> </u>	
_	If "Yes," complete Part II, col (c), and Part XV			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	-		
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	_	1	
·	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
•	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
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Pa	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges	?		ŀ
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► ANGELA POLK Telephone no. ►843	<u>-665-</u>	<u> 5900</u>	
	Located at ► 1411 SECOND LOOP ROAD, FLORENCE, SC ZIP+4	<u>≥2950</u> !	5	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		•	•
	and enter the amount of tax-exempt interest received or accrued during the year]	N/A_	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			,
	country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
18	During the year did the foundation (either directly or indirectly):			1 4
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			,
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	i	}	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	No		
t	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			/
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	'A 1b		├ ─
	Organizations relying on a current notice regarding disaster assistance check here			
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	ŀ		
	before the first day of the tax year beginning in 2011?	10	_	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
1	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2011?	No		
	If "Yes," list the years -,,			
ı	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	/ 3	-	
	statement - see instructions.)	'A <u>2b</u>	+	
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	•		ļ ,
	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3				1
	during the year?	NO		l .
,	b If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after			,
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	ļ		1 '
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	/ 7		-
	Form 4720, to determine if the foundation had excess business holdings in 2011.) No.		—	+-
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<u>4a</u>	+-	<u> </u>
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			- v
_	had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b Form 9 9	n_pe	(2011)
		LOUID 25	,U-PP	(2011)

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MENTAL HEALTH AWARENESS FOUNDATION 57-0898098 C/O ANGELA POLK Page 6 Form 990-PF (2011) Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations N/A 5b section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained ___ Yes ___ No N/A expenditure responsibility for the grant? If "Yes." attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? X b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b If "Yes" to 6b, file Form 8870. ___ Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deterred (b) Title, and average hours per week devoted to position (c) Compensation (e) Expense account, other (If not paid, enter -0-) (a) Name and address allowances 0. 0 0 SEE STATEMENT 4

				·	t
2	Compensation of five highest-paid employees (other than those in	cluded on line 1). If none	, enter "NONE."		
_	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, othe allowances
_	NONE			_	
_		_			
_					
_					
_					
_ T	otal number of other employees hald over \$50,000		-		

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	се	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	<u> </u>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
I N/R		
2		
3		
4		
Dort IV. B. C		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		,
I M/A		
2		-
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.
	Form	n 990-PF (2011)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	225,614.
b	Average of monthly cash balances	1b	225,614. 3,966.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	229,580.
е	Reduction claimed for blockage or other factors reported on lines 1a and		-
	1c (attach detailed explanation) 1e 0.	,	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	229,580.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,444.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	226,136.
6	Minimum investment return. Enter 5% of line 5	6	11,307.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	11,307.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011. (This does not include the tax from Part VI.)	1	
Ç	Add lines 2a and 2b	2c	85.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	11,222.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	11,222.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	11,222.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	25,000.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	· <u> </u>
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	25,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	_5	85.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	24,915.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	jualifies for	the section
	4940(e) reduction of tax in those years.		

Form 990-PF (2011)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,	•			
line 7				11,222.
2 Undistributed income, if any, as of the end of 2011			_	
a Enter amount for 2010 only				
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006				
b From 2007				•
c From 2008 25,216. d From 2009 10,981.				
d From 2009 10,981. e From 2010 8,944.				
	45,141.			
f Total of lines 3a through e 4 Qualifying distributions for 2011 from	47,141.			
Part XII, line 4: ► \$ 25,000.				ľ
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			,
d Applied to 2011 distributable amount				11,222.
e Remaining amount distributed out of corpus	13,778.			
5 Excess distributions carryover applied to 2011	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	58,919.			
b Prior years' undistributed income. Subtract		_		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		_0.		
e Undistributed income for 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2012.	E0 010			
Subtract lines 7 and 8 from line 6a	58,919.			
10 Analysis of line 9:				
a Excess from 2007 b Excess from 2008 25, 216.				
b Excess from 2008 25,216. c Excess from 2009 10,981.				
d Excess from 2010 8,944.				
e Excess from 2011 13,778.				

Form 990-PF (2011) C/O ANG	ELA POLK				398098 Page 10
Part XIV Private Operating F				N/A	
1 a If the foundation has received a ruling of	or determination letter that	t it is a private operating			
foundation, and the ruling is effective for	-	<u> </u>	▶		
b Check box to indicate whether the foun	dation is a private operatir	ng foundation described		4942(j)(3) or4	942())(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" afternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundatio	n had \$5,000 or m	ore in assets
at any time during	the year-see insti	ructions.)			- <u></u> -
Information Regarding Foundation List any managers of the foundation who year (but only if they have contributed in the second	ho have contributed more		ntributions received by th	e foundation before the clo	ose of any tax
NONE		<u> </u>			
b List any managers of the foundation who other entity) of which the foundation has			ı (or an equally large por	tion of the ownership of a p	partnership or
NONE					
2 Information Regarding Contribut Check here ► X if the foundation the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	e organizations and does		
a The name, address, and telephone nun	·			complete items za, o, o, an	
a The hame, address, and telephone han	ibor of the percent to who		0 434. 55555.		
SEE STATEMENT 5			- La Laboratoria		
b The form in which applications should	be submitted and informa	tion and materials they	snoula include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	Is, such as by geographic	al areas, charitable field	s, kinds of institutions, or	r other factors:	

Form 990-PF (2011)

C/O ANGELA POLK

57-0898098 Page 11

Part XV Supplementary Informatio			· · · · · · · · · · · · · · · · · · ·	
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	Amount
a Paid during the year				
PEE DEE MENTAL HEALTH CENTER	N/A	N/A	CAMP PROGRAM FOR	
125 EAST CHEVES STREET			MENTALLY CHALLENGED	
FLORENCE, SC 29506			CHILDREN, INCLUDES	
·			ACTIVITIES FOR	
			FAMILIES OF CHILD	25,000.
			i	
		İ		
		-		
	İ			
			1	
			1	
			1	
		İ		
Total	<u> </u>	<u> </u>	▶ 3a	25.000
b Approved for future payment				
,,			İ	
NONE			İ	
			1	
Total			▶ 3b	0
i Viai			Fo	rm 990-PF (2011)

Analysis of Income-Producing Activities Part XVI-A

Enter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)
•	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b					
c					
d					
e				-	
•	_				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	8,471.	· · · · · · · · · · · · · · · · · · ·
5 Net rental income or (loss) from real estate:				<u></u>	·
a Debt-financed property			† †		W
b Not debt-financed property					
6 Net rental income or (loss) from personal	 				
property					
7 Other investment income			 		
8 Gain or (loss) from sales of assets other		······································	-		
than inventory	1 1		18	-1,745.	
9 Net income or (loss) from special events			 - 		
10 Gross profit or (loss) from sales of inventory			 		
11 Other revenue:			 		
a b		<u></u>	 		
		·	 		
<u> </u>	1 1		 		
d			 		
e		0.	 	6,726.	0.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>				6,726.
(See worksheet in line 13 instructions to verify calculations	1			10	0,720.
Part XVI-B Relationship of Activitie	s to the Accor	mplishment of E	kempt H	² urposes	
Line No. Explain below how each activity for which i	ncome is reported in	column (e) of Part XVI-A	Contribute	ed importantly to the accomp	olishment of
the foundation's exempt purposes (other the					
					_
123821 12-02-11					Form 990-PF (2011)

Part		Information Re	egarding Trai		and Ti	ansactions	and	Polation		<u>UBYBUYE</u>		ige 13
		Exempt Organ		1151615 10 6	anu n	ansactions	anu	neiation	isiiips willi No	ncharitabi	e	
1 Dic	the ord	ganization directly or indi		v of the followin	no with a	ny other organiza	tion de	errihad in ca	ection 501(c) of	 	Yes	No
		other than section 501(c			_	-			5011011 30 1(0) 01		1.00	
		from the reporting found	• • • • • • • • • • • • • • • • • • • •				ameunc					
	Cash			and original original	gameano					1a(1)		X
	Other	assets								1a(2)		X
		sactions:								1.0(2)		
		of assets to a noncharita	ible exempt organiz	ation						1b(1)	-	X
		ases of assets from a no								1b(2)		X
		l of facilities, equipment,	•	• • •						1b(3)	1	X
		oursement arrangements								1b(4)		X
		or loan guarantees								1b(5)	1	X
		mance of services or me	embership or fundra	aising solicitatio	ns					1b(6)		X
		facilities, equipment, ma								10		X
		er to any of the above is				lumn (b) should a	alwavs	show the fair	r market value of the o	noods, other as	sets.	
		given by the reporting for									,	
) the value of the goods,						•		·		
(a) Line n	0	(b) Amount involved	(c) Name (of noncharitable	exempt	organization		(d) Descript	ion of transfers, transaction	ons, and sharing a	rrangeme	nts
				N/A								
								-				
											•	
_												
							_	<u> </u>				
2a is i	he foun	dation directly or indirec	tly affiliated with, or	related to, one	or more	tax-exempt orga	nızatıor	is described		_		_
ın :	section	501(c) of the Code (othe	r than section 501(c)(3)) or in sect	tion 527'	?				Yes	LX	No
b lf "	Yes, co	mplete the following sch										
		(a) Name of org	ganization		(b) Ty	pe of organization	1		(c) Description of re	elationship		
		N/A_					_					
					ļ		-		-			
						 .						
	1				<u> </u>							
0:		penalties of perjury, I declare lief, it's true, correct, and cor								May the IRS return with the		
Sign Here		Lel alla 4	0 <i>11. 111</i> 5		1	11/11/12	_	-		shown below	v (see ins	tr)?
Heie	0.00	MIGHT	JOHR			11/11/12			aurer	_ X Ye:	s L	J No
_	L_Sign	ature of officer or trustee		Droporosis a		ate /		Title	Check If	PTIN		
		Print/Type preparer's na	ante	Preparer's s	ignature		Date	•	self- employed	r int		
Paid									Sen- employed			
Prep	arer	Cumla name N					1		Furmin CIN N			
Use		Firm's name							Firm's EIN			
U36 '	City	Firm's address				 		 -				
	Firm's address								1			

123622 12-02-11

Phone no.

Part I	V Capital Gains and Los	ses for Tax on Investment Income				
	(a) List and 2-story bri	describe the kind(s) of property sol ick warehouse; or common stock, 2	d, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(IIIO., day, yr.)	(d) Date sold (mo., day, yr.)
1a 30	SHS NUCOR			P	09/08/11	11/29/11
	32.657 SHS RT				VARIOUS	
		VIS NEW YORK VNT	URE		VARIOUS	
	6.678 SHS RUS			P	<u>VARIOUS</u>	12/29/11
e CA	<u>PITAL GAINS I</u>	DIVIDENDS				
f					-	
9	 					
<u>_h</u>						
						
<u>k</u> I						
_ '		 				
n					-	
0						
) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) (e) p	Gain or (loss) lus (f) minus (g)	
a	10,840.		10,591.			249.
b	23,000.		23,907.			-907.
c d	25,580.		26,924.			-1,344.
d	6,495.		6,730.	- ···		-235.
е	347.					347.
f		· · · · · · · · · · · · · · · · · · ·				
g						
<u>h</u>			-			
1						
1				 		
<u>k</u>						
<u>I</u> m						
<u>'''</u>						
0						
Com	plete only for assets showin	g gain in column (h) and owned by	the foundation on 12/31/69		ses (from col. (h))	
(i)	F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of but n	of col. (h) gain ove ot less than "-0-")	r col. (k),
a						249.
b						-907.
С						-1,344.
d						<u>-235.</u>
<u>e</u>						347.
f						
<u>g</u>						
<u>h</u>						
<u>+</u>				· · · · · · · · · · · · · · · · · · ·		
k	- 					
1						
<u>'</u>					-	
n						
0						
		I6 para alaa4-	ur in Dort I. line 7			
	al gain net income or (net ca	ipital loss) - { If gain, also enter "- iss) as defined in sections 1222(5) a	rr in Part I, line 7 0-" in Part I, line 7	2	<u> </u>	-1,745.
If gair	n, also enter in Part I, line 8, s) enter "-0-" in Part I, line 8	column (c).)	3	N/A	

FORM 990-PF DIVIDENT	OS AND	INTER	EST F	ROM	SECUE	ITIES	STATEMENT	1
SOURCE		GROSS	AMOUI	NT		TAL GAINS	COLUMN (A	7)
STIFEL NICHOLAS	•		8,818.		347.		8,471.	
TOTAL TO FM 990-PF, PART I, I	LN 4		8,8	18.		347.	8,4	71.
FORM 990-PF		TAX	ES				STATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS	NET MENT			(C) ADJUSTED NET INCOM		
990PF EXCISE TAXES		350.		_	0.			0.
TO FORM 990-PF, PG 1, LN 18		350.			0.			0.
FORM 990-PF	ОТН	ER INV	ESTME	NTS			STATEMENT	3
DESCRIPTION			LUATI ETHOD	-	вос	OK VALUE	FAIR MARKE VALUE	ET
STIFEL NICOLAUS MUTUAL FDS			COST 222,197		222,197.	204,550.		
TOTAL TO FORM 990-PF, PART I	I, LIN	E 13				222,197.	204,5	550.

	LIST OF OFFICERS, DI	STAT	STATEMENT 4		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB		
ANGELA L POLK 1411 SECOND LOOP ROAD FLORENCE, SC 29505	TREASURER 0.75	0.	0.	0.	
DR. CHARLES BEVIS 1415 JACKSON AVENUE FLORENCE, SC 29501	VICE PRESIDENT 0.25	0.	0.	0.	
REBECCA SPARROW 128 SALT MARSH CIRCLE PAWLEYS ISLAND, SC 29585	SECRETARY 0.25	0.	0.	0.	
FRANK G. BRAND 616 FAIRWAY DRIVE FLORENCE, SC 29501	PRESIDENT 0.25	0.	0.	0.	
JOHN HANNA 1600 WEST PALMETTO STREET FLORENCE, SC 29501	VICE PRESIDENT 0.25	0.	0.	0.	
KARL A. FOLKENS P. O. BOX 6139 FLORENCE, SC 29501	DIRECTOR 0.25	0.	0.	0.	
TOTALS INCLUDED ON 990-PF, PAGE	- E 6, PART VIII	0.	0.	0.	

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MHAF PROGRAM COMMITTEE C/O REBECCA SPARROW 306 SALT MARSH CIRCLE UNIT 5B PAWLEYS ISLAND, SC 29585

TELEPHONE NUMBER

FORM AND CONTENT OF APPLICATIONS

INFORMATION TO INCLUDE: TARGET POPULATION, PROGRAM DESCRIPTION, PROGRAM GOALS AND OBJECTIVES, BUDGET, EVALUATION OF OUTCOME

ANY SUBMISSION DEADLINES

BY MARCH 1 OF THE CALENDAR YEAR

RESTRICTIONS AND LIMITATIONS ON AWARDS

HAS TO ENHANCE THE AWARENESS OF MENTAL HEALTH NEEDS OR ENHANCE THE SERVICES TO THE MENTALLY ILL AND EMOTIONALLY DISTURBED RESIDENTS OF FLORENCE, DARLINGTON AND MARION, SOUTH CAROLINA

Form 8868 (Rev. 1-2012)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II and check this	box	<u> </u>	X
Note. Only complete Part II if you have already been granted an a				8868.	
 If you are filing for an Automatic 3-Month Extension, complet 				· -	
Part II Additional (Not Automatic) 3-Month Ex	xtensio	n of Time. Only file the origin	al (no c	opies needed)	•
		Enter filer's	identifyin	ng number, see in	structions
Type or Name of exempt organization or other filer, see instruc	ctions		Employer	r identification nun	iber (EIN) or
print MENTAL HEALTH AWARENESS FOUN	IDATI	ON			
File by the C/O ANGELA POLK		-	X.	<u> 57-08980</u>	<u>98</u>
due date for Number, street, and room or suite no. If a P.O. box, see instructions.				curity number (SS	N)
return See 1411 SECOND LOOP ROAD					
City, town or post office, state, and ZIP code. For a for FLORENCE, SC 29505	reign add	ress, see instructions.			
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 4
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11		
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted	an auton	natic 3-month extension on a prev	iously file	ed Form 8868.	
ANGELA POLK					
 The books are in the care of ► 1411 SECOND LOC 	OP RO		<u> 29505</u>		
Telephone No. ► 843-665-5900		FAX No. ►			
 If the organization does not have an office or place of business 				•	
If this is for a Group Return, enter the organization's four digit of the control of the co	1				
box ▶ . If it is for part of the group, check this box ▶		ach a list with the names and EINs of	all memb	ers the extension	s tor.
	NOVEM.	BER 15, 2012.	_		
5 For calendar year 2011, or other tax year beginning		, and ending	Final r		 '
6 If the tax year entered in line 5 is for less than 12 months, c	neck reas	on: Initial return	Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension	TOMPT	TE ALL THE INFORMA	TON	NECESSARY	FOR
A COMPLETE RETURN.	COME I	DB ADD IND IMICIANI	11011	THE CEDE LETT	
A COMPANIA RATORA.					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	enter the tentative tax, less any			
nonrefundable credits. See instructions.	, -	,	8a	s	85.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated			
tax payments made. Include any prior year overpayment all	-				
previously with Form 8868.			8b	\$	<u> 181.</u>
c Balance due. Subtract line 8b from line 8a Include your pa	yment wr	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See instr	uctions		8c	\$	0.
Signature and Verificat	ion mu	st be completed for Part II o	-		
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this form	ing accomporm.	panying schedules and statements, and to	o the best o	of my knowledge and	belief,
Signature ▶ Title ▶			Date	· •	
				Form 8868 (Rev. 1-2012)

123842 01-06-12 4 -52, 4

A 10 0

MENTAL HEALTH AWARENESS FOUNDATION	Form 8868 (Rev 1-2012)			<u></u>		Page 2
Plyou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Name of exempt organization or other filer, see instructions Name of exempt organization or other filer, see instructions Name of exempt organization or other filer, see instructions Name of exempt organization or other filer, see instructions C/O ANGELA POLK	If you are filing for an Additional (Not Automatic) 3-Mon	th Extension, o	complete only Part II and check this	s box		$\triangleright \mathbf{X}$
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	Note. Only complete Part II if you have already been granted	d an automatic	3-month extension on a previously f	lled Form 8	3868	
Enter filer's identifying number, see instructions						
Name of exempt organization or other files, see instructions Employer identification number (EIN)	Part II Additional (Not Automatic) 3-Mon	th Extensio	n of Time. Only file the origin	nal (no c	opies nee	eded).
MENTAL HEALTH AWARENESS FOUNDATION			Enter filer's	identifyin	g number,	see instructions
C/O ANGELA POLK X 57-0898098	Type or Name of exempt organization or other filer, see	instructions		Employer	identification	on number (EIN) or
Number, street, and room or suite no. If a P O. box, see instructions. 141 SECOND LOOP ROAD	print MENTAL HEALTH AWARENESS F	··				
Application Second Seco	File by the C/O ANGELA POLK					98098
411 SECOND LOOP ROAD	due date for Number, street, and room or suite no. If a P.O. b	tions.	Social se	security number (SSN)		
Enter the Return code for the return that this application is for (file a separate application for each return) Application	return See 1411 SECOND LOOP ROAD	7 I				
Application Return Application Return Application Return Code S For S For Code S For S For Code S For	Instructions City, town or post office, state, and ZIP code Fo	or a foreign add	fress, see instructions			
Application Return Application Return Sept. Return Sept. Return Sept. Return Sept. Return Sept. Return Sept. Return Sept. Return Sept. Return Sept. Sept. Return Sept. Return Sept. Return Sept. Return Sept. Return Sept. Sept. Return Sept. Se	FLORENCE, SC 29505	-				
Application Return Application Return Sept. Return Sept. Return Sept. Return Sept. Return Sept. Return Sept. Return Sept. Return Sept. Return Sept. Sept. Return Sept. Return Sept. Return Sept. Return Sept. Return Sept. Sept. Return Sept. Se						
Application Return Application Return Sefor Code Is For Code I	Enter the Return code for the return that this application is for	or (file a separa	te application for each return)			0 4
SFOR Code Torm 990 BL 01 Form 1041-A 08 Form 990-BL 02 Form 190-EZ 01 Form 4720 99 Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (sec. 401(a) trust) Form 990-T (sec. 401(a) trust) Form 990-T (sec. 401(a) trust) Form 990-T (sec. 401(a) trust) For 990-T (sec. 401(a) trust) For 990-T (sec. 401(a) trust) For 990-T (sec. 401(a) trust) For 990-T (sec. 401(a) trust) For 990-T (sec. 401(a) trust) For 990-T (sec. 401(a) trust) For 201(a) trust (sec. 401(a) trust) For 201(a) trust (sec. 401(a) trust) For 990-T (sec. 401(a) trust) For 201(a) trust (sec. 401(a) trust) For 990-T (sec. 401(a) trust) For 990-T (sec. 401(a) trust) For 990-T (sec. 401(a)						
The books are in the care of	Application	Return	Application			Return
The books are in the care of ▶ 1411 SECOND LOOP ROAD — FLORENCE, SC 29505 Telephone No. ▶ 843-665-5900 FAN. ▶ If the organization does not have an office or place of business in the United States, check this box If the si for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the si for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the si for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the si for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the si for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the si for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the si for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the si for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the si for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the si for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the si for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the si for Part of the group, check this box NOVEMBER 15, 2012. For calendar year 2011, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, check reason' Change in accounting penod State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO COMPILE ALL THE INFORMATION NECESSARY FOR A COMPLETE RETURN. Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any pnor year overpayment with this form, if required, by using EFIPS (Electronic Federal Tax Payment System) See instructions. Ba Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFIPS (Electronic Federal Tax Payment Syste	ls For	Code	Is For			Code
The books are in the care of ▶ 1411 SECOND LOOP ROAD - FLORENCE, SC 29505 Telephone No. ▶ 843-665-5900 If this office and one should be referred to the organization for some signature and additional 3-month extension of the extension is for Form and the extension of the state in the state of the state in the state of the state in the state of the state in the state of the state of the state of this application is for Form 990-F, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions Bill this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions Balance due, Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. One of the tax of the proper of the state of the proper of the state of the proper of the state of the proper of the state of the proper of the state of the proper of the state of the proper of the state of the proper of the state of the proper of the state of the	Form 990	01				
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