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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.

Open to Public Inspection

<u>A</u>	For th	ne 2012 calendar year, or tax year beginning	<u>MAY 1, 2012</u> and	lending 🛕	<u> PR 30, 2013</u>	
В	Check i applical	C Name of organization			D Employer identific	ation number
	Addr	The Garden Club of Sou	ith Carolina, In	.c.		
	Nam chan	e			23-70	005531
	linitia retur		elivered to street address)	Room/suite	E Telephone number	
	Term	/ X 44 Dievalu Place			843-4	125-7352
	Ame	Oity, town, or post office, state, and ZIP coe	de		G Gross receipts \$	135,738.
L.	Appl tion pend	camden, SC 29020			H(a) is this a group re	
	F-1	F Name and address of principal officer. J uc	lith Dill		for affiliates?	Yes X No
		same as C above			H(b) Are all affiliates incl	
		tempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	ľ	ist. (see instructions)
		ite: gardenclubofsc.org forganization: Corporation Trust X A	ssociation Other	. V	H(c) Group exemption	
	art I	forganization: Corporation Trust X A Summary	ssociation Other	L Year	or formation, 1930 M	State of legal domicile: SC
_	1	Briefly describe the organization's mission or mos	t elanificant activities: Prom	ote Ga	rdening	
Governance	Ι'	Theny describe the organization's mission of mos	t significant activities III Off	oce oa	I deliting	
ja Ja	2	Check this box If the organization disco	ontinued its operations or dispo	sed of more	than 25% of its net as:	sets.
Ş	3	Number of voting members of the governing body			3	11
	4	Number of independent voting members of the go	, , , , , , , , , , , , , , , , , , , ,		4	699
တ္ဆ	5	Total number of individuals employed in calendar	year 2012 (Part V, line 2a)		5	0
Ϋ́	6	Total number of volunteers (estimate if necessary			√ . 6	10
Activities &	7 a	Total unrelated business revenue from Part VIII, c	olumn (C), line 12	WED.	\ 7a	0.
	ь	Net unrelated business taxable income from Form	olumn (C), line 12 1990-T, line 34 RECE	100	7b 7b	0.
					Rior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)	· lot nec 1	6 5013	18/ 0.	57,902.
Revenue	9	Program service revenue (Part VIII, line 2g)			0.	59,106.
§ §	10	Investment income (Part VIII, column (A), lines 3, 4		IFN U	0.	18,730.
<i>j</i> — ∍	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8	c, 9c, 10c, and 11e)		0.	135 730
<u></u>	12	Total revenue - add lines 8 through 11 (must equa			0.	135,738.
y Y	13	Grants and similar amounts paid (Part IX, column	• • • • • • • • • • • • • • • • • • • •	<u> </u>	0.	20,574.
,	14	Benefits paid to or for members (Part IX, column (-	0.	
Expenses	15	Salaries, other compensation, employee benefits Professional fundraising fees (Part IX, column (A),	•	• -	0.	0.
ben		Total fundraising expenses (Part IX, column (D), lir	,	_o		<u> </u>
, <u>ज</u>		Other expenses (Part IX, column (A), lines 11a-11c			0.	88,085.
g	l .	Total expenses Add lines 13-17 (must equal Part		•	0.	108,659.
	19	Revenue less expenses. Subtract line 18 from line			0.	27,079.
Net Assets or Fund Balances				Beg	inning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			482,610.	539,125.
age age	21	Total liabilities (Part X, line 26)			6,000.	6,000.
컕	22	Net assets or fund balances Subtract line 21 from	line 20		476,610.	<u>533,125.</u>
	<u>ırt II</u>	Signature Block				
		Ities of perium I declare that I have examined this return				knowledge and belief, it is
true,	correc	ct, and complete. Declaration of predarer (pitter than office	er) is/based on all information of wr	nich preparer		<u>ኣ</u>
_		Signature of officer	, fremilia		Date Date	2
Sign		l'	,		Duto : V	
Her	е	Judith Dill, President Type or print name and title		_ 		
		Print/Type preparer's name	Preparer's signature	TD	ate Check	PTIN
Paid		Ben J. Pearman	1 Topalor y signature		1/11/12 If self-employed	
Prep		Firm's name McDowell-Pearman	, LLC CPA		Firm's EIN	20-3355766
Use		Firm's address P. O. Box 2088	·,			
	•	Columbia, SC 292	02-2088	_	Phone no. (8	03)256-8800
May	the II	RS discuss this return with the preparer shown about				X Yes No

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	1990 (2012), The Garden Club of South Carolina, Inc. 23-7005531 Page 2
Pa	rt III, Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission.
	Promote Gardening
2	Did the organization undertake any significant program convices during the year which were not listed on
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$20 , 574 . including grants of \$20 , 574 .) (Revenue \$)
	Scholarships and awards to promote gardening
	Denotationary data distributed to promote gardening
4b	(Code) (Expenses \$22,548 . including grants of \$) (Revenue \$)
	The South Carolina Gardener - Publication of Quarterly Magazine for
	Members of the Organization
4c	(Code) (Expenses \$ 46,284. including grants of \$) (Revenue \$ 59,106.)
	Schools and Events to promote gardening
	Other program services (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O.) (Expenses \$
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses > 89,406.

			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	<u> X</u> _	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	l	l i	
	public office? If "Yes," complete Schedule C, Part I	3_		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
_	similar amounts as defined in Revenue Procedure 98 19? If "Yes," complete Schedule C, Part III	_5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		X
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	_6_		
•	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	-		
٠	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	_ _ _		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ĺĺ	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	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	11b		X
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		i	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	· · · · · · · · · · · · · · · · · · ·			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	_11f_		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			77
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	142		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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, Parts II and IV	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, Parts III and IV	_16_		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		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		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	$-\!\!\downarrow$	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

If "Yes," complete Schedule R, Part V, line 2

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Form **990** (2012)

X

X

35b

37

	1990 (2012) The Garden Club of South Carolina, Inc. 23-7005 rt V Statements Regarding Other IRS Filings and Tax Compliance	<u>531</u>	Р	age 5
	Check if Schedule O contains a response to any question in this Part V			<u></u> _
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		L
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 0			-
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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 authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country:			
~	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ua	any contributions that were not tax deductible as charitable contributions?	6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
ט	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-00		
	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	1	Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-/-		
C	-	7c		x
	to file Form 8282?			
		7e		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
^		-		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
a		9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	- 30		
10	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12 10a 10a			
a				
		-		
11	Section 501(c)(12) organizations. Enter:		j	
	Gross income from members or shareholders 11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) Section 4047(eV4) non-promote the citable trusts to the organization filing Form 990 in liquid Form 10412	12a		
	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041?	128	-	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	- }	ļ	
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	i		

a is the organization licensed to issue qualified health plans in more than one state? . . .

14a Did the organization receive any payments for indoor tanning services during the tax year?

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

X

1<u>3a</u>

14a

14b

13b

13c

Form 990 (2012) The Garden Club of South Carolina, Inc. 23-7005531 Page
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

_	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11	_		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		ĺ
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 699			[
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		_X_
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		_X_
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		J	
а	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b		<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>ec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	e	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	i finan	cıal	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	iou. 🕨		
	Judith Dill - 843-425-7352			
19	22 Brevard Place, Camden, SC 29020			

Form 990 (2012)	The	Garden	Club	of	South	Carolina,	Inc	23-7005531	Page 7	
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors										

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

X Check this box if neither the organization		(C)				пре	nsa	1	i			
· (A) Name and Title	(B)				C) iitior	n		(D) Reportable	(E) Reportable	(F) Estimated		
Name and The	Average hours per		not c					1 .	compensation	amount of		
	week	offi	cer ar	iss pe	irect	or/trus	stee)		from related	other		
	(list any	į						the	organizations	compensation		
	hours for	l e			1	2	1	organization	(W-2/1099-MISC)	from the		
	related	ste o	nstee		_	eusa	١	(W-2/1099-MISC)		organization		
	organizations	al fro	ala]	loyee	E S	.]			and related		
	below line)	Individual trustee or director	Institutional trustee	B B B	Key employee	Highest compensated employee	grmer.		:	organizations		
(1) Judith J. Dill	10.00	=	_	٦	-	1	<u> </u>					
President	_						l	0.	<u> </u>	0.		
(2) Yvonne Morris	10.00											
1st Vice President						L	L	0.	0.	0.		
(3) Donna Donnelly	10.00	ļ								_		
2nd Vice President				_		_	_	0.	0.	0.		
(4) Amy Rauton	10.00	ŀ								•		
3rd Vice President		ļ			ļ	<u> </u>	ļ	0.	0.	0.		
(5) Verd C. Cunningham	10.00								0			
Recording Secretary	1000		_		ļ	1	-	0.	0.	0.		
(6) Peggy T. Little	10.00					ĺ	ĺ					
Corresponding Secretary	1			ļ	-	 -	├—	0.	0.	0.		
(7) Helen Goforth	10.00									0		
<u>Historian</u>	10.00	├—	-	_	_	├-	├	0.	0.	0.		
(8) Joan T. Danforth	10.00	}			ļ			0.	0.	0.		
Chaplain (9) Pat Abercrombie	10.00	-			-	+	┢╌		0.	<u> </u>		
(9) Pat Abercrombie Parliamentarian	10.00							0.	0.	0.		
(10) Maida O. Dantzler	10.00											
Advisor							L	0.	0.	0.		
(11) Maureen Minner	10.00											
Treasurer						<u> </u>		0.	0.	0.		
	-						i					
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	n 990 (2012) . The Gard	<u>en Club</u>	0	f	So	ut:	h (Ca	rolina, Inc.	23-7	<u>005</u>	531	Page 8	
Ра	rt VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st (
	(A) Name and title	(B) Average				C) sitior	า		(D) Reportable	(E) Reportable		(F Estim	•	
	wante and title	hours per					than is bo		· .	compensation		amou		
		week	-	cer a	nd a d	directo	or/trus	stee)	1 "0""	from related		oth		
		(list any hours for	drect	İ					the organization	organization (W-2/1099-MIS		comper from		
		related	tee or	ustee			ensate		(W-2/1099-MISC)	(** 27 1000 1011	,	organi		
		organizations below	lal trus	onal tr	İ	oloyee	E 25					and re		
		line)	Individual bustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			İ	organizations		
			=	=	-	<u>×</u>	T 40	u.						
			1											
												<u> </u>		
				<u> </u>				<u> </u>						
				-						<u> </u>				
										1				
			<u> </u>											
						_	-							
											1			
											1			
	Sub-total		•						0.		0.		0.	
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A	-		•				0.		0.		0.	
2	Total number of individuals (including but no	ot limited to th	ose	liste	d at	oove	e) wh	o re	 _	,000 of reportabl				
	compensation from the organization	···											0	
											Г	Ye	s No	
3	Did the organization list any former officer,		stee	, ke	y en	nplo	уөе,	or !	highest compensated e	mployee on			v	
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su		e co	mne	nes	ition	and	Loth	ner compensation from t	the organization	•	3	X	
•	and related organizations greater than \$150									ine organization		4	x	
5	Did any person listed on line 1a receive or a			•						dual for services				
	rendered to the organization? If "Yes," comp	olete Schedule	J fo	or su	ıch į	oers	on					5	X	
	tion B. Independent Contractors									\$4.00.000 -£				
1	Complete this table for your five highest corthe organization. Report compensation for t										pensa	ation from		
	(A)	ne calendar ye	sai e	i iuii	ig w	nui c	JI W1	T	(B)	- Cal		(C)		
	Name and business	address	NC	NE	<u> </u>				Description of s	ervices	Co	ompensat	ion	
								1						
								-						
								-						
<u> </u>								\dashv						
								T						
								4						
2	Total number of independent contractors (in	icludina but na	ot lin	niter	to	thos	e lis	∟ ted	above) who received m	ore than				
_	\$100,000 of compensation from the organiz	-	- 1111			0)							
													_	

_		Check if Schedule O conta	ains a response	to any question i	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
rice (Contributions, Gifts, Grants)	2 a	Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants similar amounts not included above Noncash contributions included in tines to Total. Add lines 1a-1f	1b 1c 1d ons) 1e s, and re 1f \$	57,902. Business Code 110000	57,902. 30,489.	30,489.		
Program Service Revenue	b c d e f	All other program service reven		110000	28,617.	28,617.		
	3 4 5	Investment income (including dother similar amounts) Income from investment of tax-Royalties		▶	18,730.			18,730.
		Gross rents Less. rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of	(i) Real	(ii) Personal				
	c	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising	events (not					
Other Revenue	b	contributions reported on line 1 Part IV, line 18 Less: direct expenses Net income or (loss) from fundra	of lc). See a b assing events	•				
	b	Gross income from gaming active Part IV, line 19 Less: direct expenses Net income or (loss) from gamin Gross sales of inventory, less reand allowances	. a b ng activities eturns	. •				
	11 a	Less: cost of goods sold Net income or (loss) from sales Miscellaneous Revenue		Business Code				
	_	All other revenue Total, Add lines 11a-11d Total revenue, See instructions.			135,738.	59,106.	0.	18,730.

Sec	tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A)	
	Check if Schedule O contains a respoi	nse to any question in th			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	20,574.	20,574.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,		}		_
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				<u></u>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				<u> </u>
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				<u></u>
10	Payroli taxes .				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	6,415.		6,415.	
d	Lobbying				<u> </u>
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				<u> </u>
12	Advertising and promotion				
13	Office expenses	4,415.	4,415.		<u> </u>
14	Information technology				
15	Royalties				
16	Occupancy .	12,838.		12,838.	
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				·
19	Conferences, conventions, and meetings	33,521.	33,521.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Printing costs	22,548.	22,548.		
b	Dues	5,491.	5,491.		
С	Insurance	2,857.	2,857.		
d					
е	All other expenses				
<u> 25</u>	Total functional expenses Add lines 1 through 24e	108,659.	89,406.	19,253.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)		İ		

<u>Forn</u>	990 (2012) The Garden Club of South Carolina, Inc.	<u> 23-700</u>	5531	Pa	ge_12
Pa	rt XI Reconciliation of Net Assets		-		
	Check if Schedule O contains a response to any question in this Part XI				X
		1 (
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>5,7</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>59.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	2	7,0	<u>79.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47	<u>6,6</u>	<u>10.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7		_	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2	9,4	<u> 36.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<u>53</u>	<u>3,1</u>	<u>25.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	·	;		ᆜ
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	1	- 1	
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				_
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	1 1		
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			ĺ	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> X</u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			. 1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200	
			Form	99U (2012)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

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

2012

Open to Public Inspection

Name of the organization Employer identification number The Garden Club of South Carolina, 23-7005531 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, In organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ıv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Non-functionally integrated c ____ Type III - Functionally integrated a Type I b ____ Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) h (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (vii) Amount of monetary (iii) Type of organization (ii) EIN organization in col. (i) organized in the U.S.? in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) of your support? governing document? above or IRC section (see instructions)) Yes No Yes No Yes

Schedule A	(Form 990 or 990-EZ) 2012				
Part II	(Form 990 or 990-EZ) 2012 Support Schedule for	Organizations	Described in Sections	170(b)(1)(A)(iv) a	nd 170(b)(1)(A)(vi)

Part II

Page 2

	(Complete only if you checke fails to qualify under the test			-	ion failed to qualif	y under Part III If th	e organization
Se	ction A. Public Support	·					,
Cal	endar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")					<u> </u>	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf	ļ	 	 _	 		
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge			1			
4	•		 	 	-		
4				 			
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included		1		Ĭ	1	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	year (or fiscal year beginning in) ▶ (a) 2008 (b) 2009 (c) 2010 (d) 2011					(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				<u> </u>		
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	 					
10	Other income. Do not include gain			1			i
	or loss from the sale of capital						
	assets (Explain in Part IV.)	 	 	 		 	
	Total support. Add lines 7 through 10	<u>. </u>	!	<u> </u>	<u> </u>	+	
	Gross receipts from related activities, First five years. If the Form 990 is for	•				12	
13			's first, second, thi	ra, iourin, or illin i	ax year as a secu	1011 50 1 (0)(3)	▶□
Sec	organization, check this box and store ction C. Computation of Publ		ercentage			<u> </u>	
	Public support percentage for 2012 (I			column (fl)		14	%
	Public support percentage from 2011		•			15	%
	33 1/3% support test - 2012. If the c			n line 13, and line	14 is 33 1/3% or	more, check this bo	
	stop here. The organization qualifies						▶□
b	33 1/3% support test - 2011. If the	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3	% or more, check th	nis box
	and stop here. The organization quali						. ▶□
17a	10% -facts-and-circumstances test	•			e 13, 16a, or 16b	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	ie "facts-and-circi	umstances" test, c	heck this box and	stop here. Expla	in in Part IV how the	,
	organization meets the "facts-and-circ	:umstances" test	The organization	qualifies as a publ	icly supported org	ganization .	. ▶∟

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

Schedule A (Form 990 or 990-EZ) 2012 The Garden Club of South Carolina, Inc. 23-7005531 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below please complete Part II.)

Section A. Public Support										
	endar year (or fiscal year beginning in)	(a) 2008	(5) 2000	(c) 2010	(4) 2011	(a) 2012	(f) Total			
	Gifts, grants, contributions, and	(a) 2006	(b) 2009	(6) 2010	(d) 2011	(e) 2012	(f) Total			
٠,	membership fees received. (Do not									
	include any "unusual grants ")	159,309.	112,393.	03 7/0	110 222	117,008.	600,781.			
•	Gross receipts from admissions,	139,309.	112,393.	33,143.	110,522.	117,000.	000,701.			
2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	-								
3	Gross receipts from activities that		-							
	are not an unrelated trade or bus-					J				
	iness under section 513									
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5	159,309.	112,393.	93,749.	118,322.	117,008.	600,781.			
7 a	Amounts included on lines 1, 2, and	=					_			
	3 received from disqualified persons						0.			
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						0.			
	Add lines 7a and 7b						0.			
	8 Public support (Subtract line 7c from line 6) 600,781. Section B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011 118,322.	(e) 2012 117,008.	(f) Total 600, 781.			
	Amounts from line 6	159,309.	112,393.	93,749.	110,344.	11/,000.	000,701.			
ıua	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,397.	6,833.	5,633.	1,898.	18,730.	44,491.			
b	b Unrelated business taxable income									
	(less section 511 taxes) from businesses									
	acquired after June 30, 1975	44 50=			1 000	10 700	4.4.404			
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	11,397.	6,833.	5,633.	1,898.	18,730.	44,491.			
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	150 506	110 006	00 200	100 000	125 720	645 272			
	Total support. (Add lines 9, 10c, 11, and 12)	170,706.			120,220.	135,738.	645,272.			
14	First five years. If the Form 990 is for	the organization's	first, second, third	i, fourth, or fifth ta	ix year as a sectio	n 501(c)(3) organiz	ation,			
C	check this box and stop here	- O								
	tion C. Computation of Publi						02 11 **			
	Public support percentage for 2012 (li	• •	-	olumn (f))	•	15	93.11 %			
	Public support percentage from 2011					16	94.10 %			
	tion D. Computation of Inves			10 1 (0)			6 90 %			
	Investment income percentage for 20	•	•	e 13, column (t))		17	6.89 %			
	Investment income percentage from 2					18	5.90 %			
19a	33 1/3% support tests - 2012. If the						7 is not ► X			
h	more than 33 1/3%, check this box ar 33 1/3% support tests - 2011. If the									
	b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.									
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions										

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

OMB No 1545-0047	2012	Open to Public	Inspection
,			

% × Employer identification number 23-7005531 ☐ Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. South Carolina, Inc. The Garden Club of Part I General Information on Grants and Assistance criteria used to award the grants or assistance? ...

PartII	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990 Part IV line 21 for any	Governments and	d Organizations in the	United States. C	omplete if the oras	uization answered "Y	'es" to Form 990 Part IV	line 21 for any	ı
	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed.	\$5,000 Part II can	be duplicated if additi	onal space is need	Jed.				
1 (a)	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Clemson	Clemson University								1
Clemson	Clemson, SC 29634			9,000,	0.0				
							-		1
									1
						!			1
			'						
									ŀ
2 Ent	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th	e line 1 table		•	:	A	1 1

232101 12-18-12

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

Page 2 Schedule I (Form 990) (2012) (f) Description of non-cash assistance 23-7005531 Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (Form 990) (2012) The Garden Club of South Carolina, Inc.
Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule 1 (Form 990) (2012) 232102 12-18-12 Part IV Part III

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012

Open to Public Inspection

Name of the organization **Employer identification number** The Garden Club of South Carolina, Inc. 23-7005531 Form 990, Part VI, Section B, line 11: Form 990 was provided to the President for review and signature. Form 990, Part VI, Section C, Line 19: The organization makes these documents available through written request. Form 990, Part XI, line 9, Changes in Net Assets: 29,436. Unrealized gain on investments

(Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box . . .

OMB No. 1545-1709

•	e filing for an Additional (Not Automatic) 3-M Implete Part II unless you have already been						m 8868.		
a corporate 8868 to re	c filing (e-file). You can electronically file Formation required to file Form 990-T), or an addition equest an extension of time to file any of the Transfers Associated With Certain Personals). For more details on the electronic filing of the	nal (not aut forms liste il Benefit (omatic) 3-month ext d in Part I or Part II Contracts, which m	ension of time. You on with the exception of ust be sent to the	can e of Fo IRS i	lectronic rm 8870 n paper	ally file Form Information format (see		
Part I	Automatic 3-Month Extension of Time	Only su	bmit original (no co	onies needed)					
A corpora	tion required to file Form 990-T and reque	sting an a	automatic 6-month	extension-check th			•		
	orporations (including 1120-C filers), partnersh								
	me tax returns.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20, 4,74 1,4010 1,14011		,				
				Enter filer's identifyir	ng nu	mber, se	e instructions		
Type or Name of exempt organization or other filer, see instructions. Employer identification numb									
			23-7005531						
print The Garden Club of South Carolina, Inc. Number, street, and room or suite no. If a P.O. bo.			uctions.	Social security numbe					
File by the due date for	c/o McDowell Pearman LLC , PO Box 2088	,							
filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
return. See Instructions Columbia, SC 29202									
Enter the Return code for the return that this application is for (file a separate application for each return)									
Application Return Application Return									
Approximent Approx						Code			
	or Form 990-EZ	Form 990-T (corpo	ration)			07			
Form 990-		01 02	Form 1041-A				08		
) (individual)	03	Form 4720				09		
Form 990-	· · · · · · · · · · · · · · · · · · ·	04	Form 5227				10		
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069				11		
, om our (a) a solution							12		
Telephone If the orga If this is for	s are in the care of ► Jane Pearman e No. ► (843) 425-7352 anization does not have an office or place of buor a Group Return, enter the organization's foule group, check this box ►	F/ usiness in t r digit Grou t is for part	he United States, ch up Exemption Numb	eck this box er (GEN)	• •	 If ti	nis is		
until for ti	uest an automatic 3-month (6 months for a co 12/15, 20, 13, to file the exen he organization's return for: calendar year 20 or					. The ex	tension is		
▶ ✓2 If the	·	, 20 jonths, che	12 , and ending ock reason: ☐ Initial	4/30 return		, 20			
	s application is for Form 990-BL, 990-PF, 990	-T, 4720, c	or 6069, enter the ter	ntative tax, less any					
	efundable credits. See instructions.				За	\$	0		
	is application is for Form 990-PF, 990-T, 4								
	nated tax payments made. Include any prior ye				3b	\$	0		
	nce due. Subtract line 3b from line 3a. Include S (Electronic Federal Tax Payment System). S			f required, by using	3с	\$	0		
Caution. If yo	ou are going to make an electronic fund withdrawal v	vith this Fori	m 8868, see Form 8450	3-EO and Form 8879-E0	o for p		nstructions.		
						000	0		