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# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning OCT 2012 and ending SEP 30. Check if applicable C Name of organization D Employer identification number Address change ABLE SOUTH CAROLINA, INC X Name change 58-2336332 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-136 STONEMARK LANE 100 803-779-5121 Amended return 727,686. City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-COLUMBIA, SC 29210 H(a) Is this a group return pending F Name and address of principal officer KIMBERLY TISSOT Yes X No for affiliates? 136 STONEMARK LANE SUITE 100, COLUMBIA, H(b) Are all affiliates included? Yes \_\_\_ 501(c) (\_\_\_ Tax-exempt status: X 501(c)(3) ) ◀ (insert no.) 4947(a)(1) or If "No." attach a list. (see instructions) J Website: ► WWW. ABLE-SC.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Other > Association Year of formation: 1994 M State of legal domicile: SC Part I Summary Briefly describe the organization's mission or most significant activities EMPOWERING PEOPLE WITH Revenue Activities & Governance DISABLITIES TO REACH THEIR HIGHEST LEVEL OF INDEPENDENCE Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 25 Total number of volunteers (estimate if necessary) 6 10 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, ine 34 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 726,074 714,841. Program service revenue (Part VIII, line 2g) 4,295 7,861. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,029 581. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 40c, and 11e)? 0. 4,403. Total revenue - add lines 8 through 11 (must equal Part VII) **6** 732,398, 727,686. 4 Grants and similar amounts paid (Part IX, column (A), lines 1 0 Benefits paid to or for members (Part IX, column (A), line 4) n 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 439,563. 478,979. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 0. 267,324 238,906. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 706.887. 717,885. Revenue less expenses Subtract line 18 from line 12 25,511 9,801. Beginning of Current Year End of Year 177,509 183<u>,</u>3<u>03</u>. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 14.052 10,045. Net assets or fund balances Subtract line 21 from line 20 163.457 173,258. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. berlu Signature of officer 1,27.2014 Sign KIMBERLY TISSOT, EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name Preparer's **≴**ionature P00219721 Paid LEWIS R LEAPHART, self-employed Firm's name MCGREGOR AND COMPANY Preparer Firm's EIN 🛌 57-0292726 Firm's address ▶ POST OFFICE BOX 135 Use Only Phone no (803) 787-0003 COLUMBIA, SC 29202 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

Form	rt III   Statement of Program Service A	ccomplishments		- <u>2330332 Page 2</u>
Га	Check if Schedule O contains a response to			X
1,		any question in this Part in	-	
' 1	EMPOWERING PEOPLE WITH DE	SABILITIES TO F	REACH THEIR HIGHEST	LEVEL OF
	INDEPENDENCE			<u> </u>
		-		
2	Did the organization undertake any significant pro	gram services during the year	which were not listed on	
	the prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Schedul	e O.		
3	Did the organization cease conducting, or make s If "Yes," describe these changes on Schedule O.	ignificant changes in how it co	onducts, any program services?	Yes X No
4	Describe the organization's program service acco	mplishments for each of its thi	ree largest program services, as measi	ired by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are			
	revenue, if any, for each program service reported	1	,	
4a	(Code) (Expenses \$631,8		) (Revenue \$	12,264.)
	, (3,1,2,1,2,1,2,1,2,1,2,1,2,1,2,1,2,1,2,1,		, , (10000000000000000000000000000000000	, , , , , , , , , , , , , , , , , , ,
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				· <u>-</u> -
			· · · · · · · · · · · · · · · · · · ·	
				<del></del>
4b	(Code) (Expenses \$	including grants of \$	) (Revenue \$	<u> </u>
	/code			/
				<del>.</del>
			77 H. J.	
4c	(Code) (Expenses \$	including grants of \$	) (Revenue \$	)
		·		
4d	Other program services (Describe in Schedule O)			
	(Expenses \$ including gr	ants of \$	) (Revenue \$	)_
4e	Total program service expenses ▶	631,888.		
				Form <b>990</b> (2012)
232002 12-10-				`,

	990 (2012) ABLE SOUTH CAROLINA, INC 58-233	<u>6332</u>	<u> </u>	age 3
Par	t IV Checklist of Required Schedules			<del></del>
	·		Yes	No
1,	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
·	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		1	
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection	;t		
	during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	ļ	1	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	/ 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		i	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	ŀ		
	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		Х
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			
	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	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (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			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	i	] ]	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	ŀ		
	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	$\vdash \vdash \vdash$	<u> </u>
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,"	1		
	complete Schedule G, Part III	19	ļ	<u>X</u>

Form **990** (2012)

20b

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2012) ABLE SOUTH CAROLINA, INC
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
•	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	_21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	<u>'</u>		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	_23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			•
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	_30_		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32_		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			77
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			:
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_	l	v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	I	
	Note. All Form 990 filers are required to complete Schedule O	38 Form	X aan	2012)
		OHII	JJJ (	ZU 12)

Series the number reported in Box 3 of Form 1096 Enter 0- if not applicable   1a   3   3   0   0		Check if Schedule O contains a response to any question in this Part V			
1a Enter the number reported in Box 3 of Form 1096 Enter 4- if not applicable be finite the number of Forms W23 included in line is. Enter 4- of not applicable or befine the number of Forms W23 included in line is. Enter 4- of not applicable gamming dynamics on comply with backup withholding rules for reportable payments to vendors and reportable gaming dynamics of without the support of the calculation of the payments of the calculation of the c				Voc	<u> </u>
b Enter the number of Forms WSQ included in line 1a. Enter 0.4 in cit applicable C Did the organization comply with backup with backup with tholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  25 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, riled for the calendar year ending with or within the year covered by this return  26 If I aleast one is reported on line 2a, did the organization file all required federal employment tax returns?  36 Did the organization have urrelated business gross income of \$1,000 or more during the year?  37 If I was a file of Form 950 To firs hey and I "No." provide an explaination in Schedule O  38 If I was a file of Form 950 To firs hey and I "No." provide an explaination in Schedule or other functions of within greatments of the organization have an interest in, or a signalure or other authority over, a financial accounts in a foreign country (such as a bank account, securities account or other financial Accounts.  38 If was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  39 Did with the state party notify the organization that was or a supply to a prohibited tax shelter transaction?  30 Did with the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  30 Did with the organization shelt was or as a party to a prohibited tax shelter transaction any contributions that were not tax deductible on thirbutions an interest in the state of the payor?  31 Did with the organization shelt was or as a party to a prohibited tax shelter transaction or gifts were not tax deductible?  32 Did the organization shelt was or as a party to a prohibited tax shelter transaction or gifts were not tax deductible?  32 Did the organization shelt was presented eductible as charitable contributions?  33 Did the organization shelt was presented eductible as charitable contributions of a pa	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	140
c Dot the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gamming) with my environments of prize with the property of the celebrate year year of the celebrate year year year year year year year yea		· · · · · · · · · · · · · · · · · · ·			ĺ
dispatching) writings to pizze winners?  2					l
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 2a 2.5   b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 At any time during the calendary 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)? 4 If Yes, *has it filed a Form 990 T for the year? If *No, *provide an explanation in Schedule O 4 At any time the hame of the foreign country.  See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts.  See Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  By If Yes, *to fire 5 for 5 for. did the organization file Form 8886-17?  Organizations that may receive deductible contributions under section 170(c).  By If Yes, *to fire 5 foreign that are normally greater than \$100,000, and did the organization object were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  By If Yes, *Indicate the number of Forms 8826 filed during the year?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8827?  If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization received any funds, direc			1c		ł
thed for the calendar year ending with or within the year covered by this return	2a				
b If at least one is reported on line 2a, add the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If 'Yes,' has it filed a Form 950 Tor this year? If 'No,' provide an explanation in Schedule O  3b If Yes,' has it filed a Form 950 Tor this year? If 'No,' provide an explanation in Schedule O  3c If Yes,' the it filed is form 950 Tor this year? If 'No,' provide an explanation in Note of the relationship of 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)?  5c If 'Yes,' to a prohibited the foreign country. Such as a bank account, securities account, or other financial accounts?  5c Was the organization of the foreign country. Such as a bank account, securities account, or other financial accounts?  5d Was the organization for the price of Foreign Bank and Financial Accounts.  5d Was the organization of the organization that it was or is a party to a prohibited tax shelter transaction?  6d If 'Yes,' to line 5a or 5b, old the organization that it was or is a party to a prohibited tax shelter transaction?  6d If 'Yes,' to line 5a or 5b, old the organization that it was or is a party to a prohibited tax shelter transaction?  6d If 'Yes,' to line 5a or 5b, old the organization necessity of the second transaction that the very solicitation an express statement that such contributions or gifts were not tax deductible?  6d Organization that may receive deductible contributions under section 170(c).  6d If 'Yes,' indicate the number of Forms 8282 filed during the year  6d If 'Yes,' indicate the number of Forms 8282 filed during the year  7d If 'Yes,' indicate the number of Forms 8282 filed during the year  9d Did the organization received a contribution of called		1 1			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	b		2b	X	
3a Det the organization have unrelated business gross income of \$1,000 or more during the year?  b if Yes, *has it field a Form 990-T for this year? if *No.* provide an explanation in Schedule O  4a 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)?  b if Yes, *tent the name of the foreign country. ▶  See instructions for filing requirements for Form TD F 90-22 1, Peport of Foreign Bank and Financial Accounts.  5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c If Yes,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c If Yes,* to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a bd the organization shall may receive deductible contributions under section 170(c).  a bd the organization shall may receive deductible contributions under section 170(c).  a bd the organization shall exchange, or otherwise dispose of fangible personal property for which it was required to life Form 8282? filed during the year of the year personal benefit contract?  7d If Yes,* did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C?  7sponsoring organization secreted a contribution of qualified intellectual property, did the organizations file a Form 1098 C?  7sponsoring organization maintaining donor advised funds and section 89(3)(3) supporting organizations. But the supporting organizations is distribution to a donor, donor advised funds and section 89(3)(3) supporting organizations. But the foreig					
b If "Yes," has if field a Form 990-T for the year? If "No," provide an explanation in Schedule O  All 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!)  b 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.  8a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b M3 Set to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c M3 Set M4 Set M5 Set M6 Set M	За		3a	.	X
4a 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)?  b If "Yes," enter the name of the foreign country. ▶  5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year?  5b Data my taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Variety (11 one 5a of 5b, did the organization felf-orm 888617)  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a Did the organization shart may receive deductible contributions under section 170(c).  b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor?  b If "Yes," child the organization notify the donor of the value of the goods or services provided?  7c If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If the organization received a contribution of crs, boats, anjanes, or other vehicles, did the organizations. Por my particular or distribution and party for which it was required to the organization received a contribution of crs, boats, anjanes, or other vehicles, did the organizations. Did the organization received a contribution of crs, boats, anjanes, or other vehicles, did the organizations. Por my particular property in the organizations. Did the supporting organization maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the torganization maintaining donor advise	b	· · · · · · · · · · · · · · · · · · ·			
b if "Yes," enter the name of the foreign country, Note in the committed in the property of the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line Sa or Sb. did the organization file Form 88866-7?  5b Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or grifs were not tax deductible?  5c Did the organizations that may receive deductible contributions under section 170(c).  a 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?  5c Did the organization network the donor of the value of the goods or services provided?  5c Did the organization receive any funds, directly or indirectly or indirectly, or payment in excess of \$75 made partly as a contribution of tangible personal property for which it was required to file Form 8282?  5c Did the organization receive any funds, directly or indirectly, no pay premiums on a personal benefit contract?  7c Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  1f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1988-0?  1g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1988-0?  1g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1988-0?  1g If the organization in the search of qualif	4a				
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations, or a donor advised fund maintaining donor advised funds.  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  119  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  128  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  129  If "Yes," enter the amount of the additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  Enter the amount of reserves on hand  If the organization is licensed to issue qualified health plans  Enter the organization re	a	<del>•</del> ,	<b>.</b> .		
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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 13							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
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				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	L <sub>X</sub>					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
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				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1						
	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		<u> </u>				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?							
С	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	Ì						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	_X_					
þ	Other officers or key employees of the organization	15b		<u> </u>				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		<u>X</u>				
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						
	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	ivailab	ie					
	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	d finan	icial					
•	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 of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ion 🕨	<b>-</b>					
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## 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

### 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.

Check this box if neither the organiz (A)	(B)			((	C)			(D)	(E)	(F)	
Name and Title	Average	(40	not c	Pos			one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of	
	week	$\vdash$	cer an	dad	irecto	or/trus	itee)	from	from related	other	
	(list any	recto						the	organizations	compensation	
	hours for related	e or d	tee		Ì	sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations	ruste	l trus		9	mpen		(₩-2/1033-141130)		and related	
	below	daat	Itoma	_	ogu	st Co	_			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			<b>J</b>	
(1) STACY THOMPSON	2.00										
PRESIDENT		X		X				0.	0.	0.	
(2) KELLY ROGERS	2.00										
SECRETARY		X		X				0.	0.	0.	
(3) JOSEPH BUTLER	2.00							_	_	_	
TREASURER		X	_	X			_	0.	0.	0.	
(4) ALLEN CORBETT	1.00	ł									
DIRECTOR		X	_				_	0.	0.	0.	
(5) DR. DAVID DAWSON	1.00									•	
DIRECTOR	1 00	X						0.	0.	0.	
(6) CAMILLE FALLAW	1.00						ŀ	0.	•	0	
DIRECTOR	1 00	X	$\vdash$				<u> </u>	<u> </u>	0.	0.	
(7) ROCHELLE GADSON	1.00	x						0.	0.	0.	
DIRECTOR (A) MARKET MAR	1.00	^						0.	<u></u>		
(8) MARY L. HAYDEN DIRECTOR	1.00	x						o.	0.	.0.	
(9) PETER MCDERMOTT	1.00					_					
DIRECTOR		X						0.	0.	0.	
(10) LAURIE PINEDA	1.00										
DIRECTOR		X						0.	0.	0.	
(11) ANTHONY PLOTNER	1.00										
DIRECTOR		X						0.	0.	0.	
(12) LARRY PRUITT	1.00										
DIRECTOR		X						0.	0.	0.	
(13) BRENETTA RICHARDS	1.00										
DIRECTOR		X		_				0.	0.	0.	
(14) CHAD SLOAN	1.00										
DIRECTOR		X						0.	0.	<u> </u>	
(15) YANISSE ADRIAN SILVA	1.00			ŀ					_	_	
DIRECTOR	1 22	X						0.	0.	0.	
(16) YVONNE WILSON	1.00	3.							_	^	
DIRECTOR	40.00	X	$\vdash$					0.	0.	0.	
(17) KIMBERLY TISSOT	40.00			Ţ				0.	54,197.	0	
EXECUTIVE DIRECTOR 232007 12-10-12				X				<u> </u>	J4,17/•	0 . Form <b>990</b> (2012	

232007 12-10-12

Form **990** (2012)

	1 990 (2012) ABLE SOU									58-23	<u> 3633</u>	<u>2 F</u>	Page 8
Pa	Part VII Section A. Officers, Directors, Trustees, Key En  (A) (B)  Name and title Average hours per week			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				one th an	(D) Reportable	(E) Reportable compensation from related	ŀ	(F) Estimat amount othei	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	) or	mpens from the ganizatind rela ganizat	he ition ited
							_	_					
											_		
_			_			_					_		
			† 										
			_								+	<del></del>	
											$\perp$		
						<u> </u>					-		·
1b	Sub-total					ļ	<b>▶</b>		0.	54,197			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)						<b>&gt;</b>		0.	54,197	7.		0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed at	oove	e) wh	no re	eceived more than \$100	0,000 of reportable		T.,	0
3	Did the organization list any <b>former</b> officer,		ustee	e, ke	y en	nplo	yee,	or i	highest compensated e	mployee on		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportabl								the organization	3		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	nsatı	on f	rom	any	unre			dual for services	5		X
Sec 1	etion B. Independent Contractors  Complete this table for your five highest co							re tl	hat received more than	\$100,000 of comps		from	
_	the organization Report compensation for (A)	•	-							•		(C)	
	Name and business	address	NC	NE	<u> </u>				Description of s	ervices		ensatio	on
								+					
		<u></u> -						_					
								+					
								+				·····	_
	Total number of independent contractors (ii		ot lin	nited	d to	_		ted	above) who received m	ore than			_
	\$100,000 of compensation from the organiz	zation >			_						Eorg	990 (	2012\

Statement of Reverence Check if Schedule O conference of Schedule O con	tains a response  la lb lc ld ld ld love lf s 1a-1f \$	701,692. 13,149.  Business Code 900099	714,841.	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributed and the contributions, gifts, grassimilar amounts not included and Noncash contributions included in line Total. Add lines 1a-1f  PROGRAM FEES	tions)  nts, and ove  11  12  14  16  16  17  18  18  18  18  19  19  19  10  10  11  11  11  11  11	701,692. 13,149.  Business Code	(A) Total revenue	Related or exempt function	Unrelated business	i from fax under
Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grassimilar amounts not included about a contributions included in line Total. Add lines 1a-1f  PROGRAM FEES	1b 1c 1d 1nts, and ove 1f	13,149.				
Total. Add lines 2a-2f	enue	•	7,861.	7,861.		
including \$ contributions reported on line Part IV, line 18 Less direct expenses Net income or (loss) from fun Gross income from gaming a Part IV, line 19 Less direct expenses Net income or (loss) from gar Gross sales of inventory, less	(i) Real  (i) Securities  (i) Securities  (i) Securities  (i) Securities  (i) Securities  (ii) Securities  (iii) Securities  (iv) Securities	(ii) Personal  (ii) Other	4,403.	4,403.		581.
a C N C III C F L N C	and sales expenses Gain or (loss) Het gain or (loss) Gross income from fundraising the louding \$ Frontributions reported on line Part IV, line 18 Less direct expenses Het income or (loss) from fundraising are Part IV, line 19 Less direct expenses Het income or (loss) from gain gain gain gain gain gain gain gain	and sales expenses Gain or (loss)  Set gain or (loss)  Gross income from fundraising events (not including \$	and sales expenses  Gain or (loss)  Net gain or (loss)  Gross income from fundraising events (not including \$	and sales expenses  Gain or (loss)  Net gain or (loss)  Gross income from fundraising events (not including \$	and sales expenses  Gain or (loss)  Alet gain or (loss)  Aross income from fundraising events (not including \$ of contributions reported on line 1c) See  Part IV, line 18	and sales expenses  Gain or (loss)  Net gain or (loss)  Foross income from fundraising events (not including \$

581. Form **990** (2012)

4,403. 727,686.

d All other revenue

e Total. Add lines 11a-11d

Form 990 (2012) ABLE SOUTH CAROLINA, INC
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	<del></del>
	Check if Schedule O contains a respon		IS Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
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				
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)	204 417	252 006	41 411	
7	Other salaries and wages	394,417.	353,006.	41,411.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	F2 202	47 427	5,865.	
9	Other employee benefits	53,292. 31,270.	47,427. 27,830.	3,440.	
10	Payroll taxes	31,270.	21,030.	3,440.	
11	Fees for services (non-employees)				
_	Management				
b	Legal	3,698.		3,698.	
C	Accounting Lobbying	3,050.		3,050.	
d	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			-	
_	Other. (If line 11g amount exceeds 10% of line 25,	-			
9	column (A) amount, list line 11g expenses on Sch O.)	24,265.	22,403.	1,862.	
12	Advertising and promotion				
13	Office expenses	,-			
14	Information technology		_		
15	Royalties				
16	Occupancy	92,069.	81,941.	10,128.	
17	Travel	44,673.	43,439.	1,234.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				_ <del></del>
20	Interest				
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization	3,345.	2,977.	368.	
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.)				
a	PROGRAM SUPPLIES	31,470.	30,048.	1,422.	
h	TELECOMMUNICATIONS	14,779.	13,154.	1,625.	
C	OTHER	10,967.	888.	10,079.	
d	DAGES OF AND DETAINING	8,163.	4,628.	3,535.	
	All other expenses	5,477.	4,147.	1,330.	
25	Total functional expenses. Add lines 1 through 24e	717,885.	631,888.	85,997.	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)				

		Check if Schedule O contains a response to an	y quesi	IOIT III UIIS FAIL X	(A)		(B)
			_		Beginning of year		End of year
	1	Cash - non-interest-bearing	•		<u> 155,720.</u>	1	<u>149,374</u>
	2	Savings and temporary cash investments		_	<del></del>	2	<del></del>
	3	Pledges and grants receivable, net		<u> </u>		3	12,981
	4	Accounts receivable, net		L	·	4	. <u> </u>
	5	Loans and other receivables from current and for	ormer c	fficers, directors,			
		trustees, key employees, and highest compens	ated er	nployees Complete			
		Part II of Schedule L		<u> </u> -		5	<del></del>
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	1 4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
<b>'</b> 0		employees' beneficiary organizations (see instr)	. Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use		L		8	
	9	Prepaid expenses and deferred charges		L	7,049.	9	6,558
	10a	Land, buildings, and equipment. cost or other					
		basis. Complete Part VI of Schedule D	10a	78,705.			
	b	Less. accumulated depreciation .	10b	64,315.	14,740.	10c	14,390.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities See Part IV, line	Ļ		12		
	13	Investments · program-related See Part IV, line			13		
	14	Intangible assets		_		14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	4)	177,509.	16	183,303.
	17	Accounts payable and accrued expenses	<u> </u>	14,052.	17	10,045.	
	18	Grants payable			18		
	19	Deferred revenue	_		19		
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete		21			
Liabilities	22	Loans and other payables to current and former	officer	s, directors, trustees,		ŀ	
ge		key employees, highest compensated employee	es, and	disqualified persons			
_		Complete Part II of Schedule L		<u> </u>	<del></del>	22	
	23	Secured mortgages and notes payable to unrela		·		23	<u> </u>
	24	Unsecured notes and loans payable to unrelate				24	·
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	Complete Part X of		ļ	
		Schedule D		-	44.050	25	40.045
	26	Total liabilities. Add lines 17 through 25			14,052.	26	10,045.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ X and			
Sec		complete lines 27 through 29, and lines 33 an	d 34.		162 455		152 050
and	27	Unrestricted net assets			163,457.	27	173,258.
Bal	28	Temporarily restricted net assets		<del> -</del>		28	
מ	29	Permanently restricted net assets				29	
고		Organizations that do not follow SFAS 117 (A	SC 958	i), check here ▶∟		ŀ	
ğ		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds			30		
Asi	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come,	or other funds	160 455	32	452 050
-	33	Total net assets or fund balances			163,457.	33	<u>173,258.</u>
	34	Total liabilities and net assets/fund balances			177,509.	34	183,303. Form <b>990</b> (2012)

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	•				
Form	990 (2012) ABLE SOUTH CAROLINA, INC	<u>58-233</u>	<u>6332</u>	Pag	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 68	
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>717</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>, 8(</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> 163</u>	, 4	<u>57.</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			0.
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> 173</u>	, 25	<u> </u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			1	x
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	·		Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			••
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			3,	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		1		
3a	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		<b>.</b>	
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	irea audit		<b>.</b>	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<del></del>	3b   Form 9	X	010
			Form S	3U (2	(U12)

## **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization

**Employer identification number** ABLE SOUTH CAROLINA, INC

58-2336332 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). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 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, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (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) R 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 ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 **b** Type II c \_\_\_\_ Type III - Functionally integrated d \_\_\_\_ Type III - Non-functionally integrated e 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? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (vi) Is the (iv) Is the organization (v) Did you notify the (vii) Amount of monetary (iii) Type of organization (i) Name of supported (ii) EIN organizátion in col. in col. (i) listed in your organization in col. organization (described on lines 1-9 support (i) organized in the U.S.? governing document? above or IRC section (i) of your support? (see instructions)) Yes Yes No No Yes No

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

Schedule A (Form 990 or 990-EZ) 2012

Part II	Support	Schedule for C	Organizations	Described in Sections	170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (of fiscal year beginning in)    A (015s, grants, contributions, and membrariby fees received. (Do not include any Yunusual grants, ?)  Tax revenues levied for the organization's benefit and either paid to or expended on ins behalf in organization without charge or expended on this behalf in the paid to or expended on this behalf in the paid to or expended on this behalf in the paid to or expended on this behalf in the paid to or expended on the behalf in the paid to or expended on the States furnished by a governmental unit to the organization without charge or from the States for the protein of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  8. Public support, Statesutions 8 ten line 4  Section B, Total Support  Calendar year (or fiscal year legislaning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 7  Amounts from line 4  8. Gross income from interest, cloudends, payments received on securities local, rents, royalhos and income from similar sources  9. Net income from unrelated business activities, whether or not the business is regularly carried on the business activities, whether or not the business in segularly carried on the business activities, whether or not the business activities, whether or not the business activities, whether or not the business in the sale of capital assets (Explain in Part IV)  11 Total support. Add fines? Through 10  22 Gross receipts from related activities, etc. (See instructions)  13 First five years. If the Form 990 is for the organization of Public Support Percentage  14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))  15 First five years. If the Form 990 is for the organization of not check abox on line 13, rida, and line 14 is 33 1/3% or more, check this box and stop here. The organization makes as a publicly supported organization meets the "facts and circumstances" test. The	Se	ction A. Public Support												
1 Giffs, grants, Contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended on the shalf of the organization's benefit and either paid to or expended on the shalf of the organization without charge furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge furnished by a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) a Public support de organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) a Public support designating in the first state of the amount shown on line 11, column (f) a Public support designating in the first state of the amount shown on line 11, column (f) a Public support designating in the first state of the state of the shown on from interest, dividends, payments received on securities losars, rents, regulates and income from interest states, dividends, payments received on securities losars, rents, regulates and income from similar sources 9. Net income from similar sources 9. Net income from unrelated business activities, whether or not the business including a state (Epitalian Part IV) 1. Total support. Add lines? If inough 10. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total						
include any "unusual grants.")  2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf!  3 The value of services or facilities furnished by a governmental unit to the organization without charge.  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  6 Public support Supports Subrace line 2 han line 4  8 Section B. Total Support  Calledary set of fiscal year beginning in    7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities barrian, rents, revolutes and income from services and income from unrelated business activities, whether or not the business and interest from 2011 Schedulo A, Part II, line 1 (1) (1) (1	1	Gifts, grants, contributions, and												
2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6. Public support. Selevation included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 7 Amounts from line 4 8 Gross income from menest, dividends, payments received on securities loans, entst, cryalties and income from smilar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explan in Part IV) 11 Total support. Add lines 7 through 10 Economic Section C. Computation of Public Support Percentage  Section C. Total support reventage from 2011 Schedule A. Part II, line 14 16a 33 1/3% support percentage from 2012 fine 6, column (i) wided by line 11, column (ii) 15 Public support percentage from 2012 fine 6, column (i) divided by line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  15 In 16 Strates and circumstances test - 2012. If the organization of or check his box and stop here. The organization qualifies as a publicly supported organization  16 10 10 10 10 10 10 10 10 10 10 10 10 10		membership fees received. (Do not	[			İ								
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meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	17 d		•					•						
<ul> <li>b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.</li> </ul>		•			•	•	it is now the organ							
more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	h		<del>-</del>	•		•	17a and line 15 is	<b>1</b> 0% or						
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  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.	J		-				·							
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						•		· .						
	18	_				-								
Schedule A (Form 990 or 990-EZ) 2012		The real real real real real real real rea												

Schedule A (Form 990 or 990-EZ) 2012 ABLE SOUTH CAROLINA, INC

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)	

Se	ction A. Public Support	olow, prodoc comp	3001 41117										
Cale	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total						
1	Gifts, grants, contributions, and												
	membership fees received (Do not												
	include any "unusual grants.")	575,027.	528,560.	691,802.	726,074.	714,841.	3236304.						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the												
	organization's tax-exempt purpose			9,241.	4,295.	12,264.	25,800.						
3	Gross receipts from activities that												
	are not an unrelated trade or bus- iness under section 513												
4	Tax revenues levied for the organ-												
	ization's benefit and either paid to or expended on its behalf												
5	5 The value of services or facilities												
J	furnished by a governmental unit to the organization without charge												
6	Total. Add lines 1 through 5	575,027.	528,560.	701,043.	730,369.	727,105.	3262104.						
7 <i>a</i>	Amounts included on lines 1, 2, and					-							
3 received from disqualified persons 0.													
t	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  c Add lines 7a and 7b													
	c Add lines 7a and 7b  8 Public support (Subtract line 7c from line 6)  3262104.												
	ction B. Total Support						<u>JZ0Z104.</u>						
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total						
	Amounts from line 6	730,369.	727,105.	3262104.									
_	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,029.	581.	2,610.									
t	Unrelated business taxable income	_,											
_	(less section 511 taxes) from businesses												
	acquired after June 30, 1975												
	Add lines 10a and 10b				2,029.	581.	2,610.						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	let income from unrelated business ctivities not included in line 10b, whether or not the business is											
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	come Do not include gain om the sale of capital											
13	Total support. (Add lines 9, 10c, 11, and 12)												
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,						
	check this box and stop here						▶□						
Sec	ction C. Computation of Publi	ic Support Per	centage										
15	Public support percentage for 2012 (	ine 8, column (f) dr	vided by line 13, c	olumn (f))		15	99.92 %						
16	Public support percentage from 2011	Schedule A, Part	III, line 15			16	%						
Sec	ction D. Computation of Inves	tment Income	Percentage										
17	Investment income percentage for 20	12 (line 10c, colum	ın (f) dıvıded by lın	e 13, column (f))		17	.08 %						
	Investment income percentage from 2					18	%						
	33 1/3% support tests - 2012. If the			on line 14, and line	15 is more than 3		-,						
	more than 33 1/3%, check this box ar	-					$\triangleright X$						
b	33 1/3% support tests - 2011. If the				_								
	line 18 is not more than 33 1/3%, che						ightharpoons						
20	Private foundation. If the organizatio	n did not check a t	oox on line 14, 19a	i, or 19b, check th	is box and see ins	tructions	▶□						
23202	23 12-04-12				Sche	edule A (Form 990	or 990-EZ) 2012						

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047 Open to Public Inspection

Name of the organization

➤ Attach to Form 990. ➤ See separate instructions.

Employer identification number 58-2336332

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.  (a) Donor advised funds (b) Funds and other accounts (a) Aggregate contributions to (during year)  Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7  Purpose(s) of conservation easements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or education)  Preservation of accritified historic structure  Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year  a Total number of conservation easements  b Total accreage restricted by conservation easements  c Number of conservation easements included in (e) acquired after 8/17/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year to conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year to conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year to conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year to conse	] No
(a) Donor advised funds (b) Funds and other accounts  1 Total number at end of year  2 Aggregate contributions to (during year)  3 Aggregate yants from (during year)  4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7  1 Purpose(s) of conservation easements held by the organization answered "Yes" to Form 990, Part IV, line 7  1 Purpose(s) of conservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Protection of natural habitat Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year  a Total number of conservation easements  5 Total acreage restricted by conservation easements  c Number of conservation easements included in (e) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  4 Number of states where property subject to conservation easement is located  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year   5 Amount of expenses incurred in	_
1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part II   Conservation Essements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7    Purposes) of conservation easements held by the organization (check all that apply)   Preservation of land for public use (e.g., recreation or education)   Preservation of an historically important land area   Protection of natural habitat   Preservation of pen space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year   A Total number of conservation easements   Preservation of conservation easements   Preservation   Preservation   Preser	_
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Part II   Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7  1	٦
Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7  1 Purpose(s) of conservation easements held by the organization (check all that apply)  □ Preservation of land for public use (e.g., recreation or education) □ Preservation of an historically important land area □ Protection of natural habitat □ Preservation of a certified historic structure □ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year  a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶  4 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶  5 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	_ No_
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Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year  Total number of conservation easements  Total acreage restricted by conservation easements  Number of conservation easements on a certified historic structure included in (a)  Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year    Total number of conservation easements	
day of the tax year  a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	et
Held at the End of the Tele   a Total number of conservation easements   2a     b Total acreage restricted by conservation easements   2b     c Number of conservation easements on a certified historic structure included in (a)   2c     d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register   2d     3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	.51
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶  7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	Vanr
b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   4 Number of states where property subject to conservation easement is located   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year   7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year   8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	. I Cal
c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
Ilisted in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
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year ►  Number of states where property subject to conservation easement is located ►  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►  Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
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violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►  Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►  Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	No
<ul> <li>Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$</li> <li>Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> </ul>	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
=== · · · · · · · · · · · · · · · · · ·	No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and	
include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for	
conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art	
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Pal	XIII,
the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, his	orical
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following an	
relating to these items	
(i) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
· · · · · · · · · · · · · · · · · · ·	
<ul> <li>a Revenues included in Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>\$</li></ul>	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

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	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessing	on, and other record	ds, cnec	k any of the	following tha	at are a si	gnificant (	use of its	collection	tems
•	(check all that apply)		. $\Box$		haaaa					
а	Public exhibition	C			hange progra	ams				
b	Scholarly research	•	• 🗀	Other	<del></del>			_		
С	Preservation for future generations									
4	Provide a description of the organization's co							se in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical trea	sures, or oth	er sımılar	assets	_	_	
	to be sold to raise funds rather than to be ma								<u> Yes</u>	<u> </u>
Pai	t IV Escrow and Custodial Arran	•	ete if the	e organizatio	n answered	"Yes" to	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi									
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table						
					Amount					
С	Beginning balance	_					1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance					•	1f			
-	Did the organization include an amount on Fo		Yes	No						
	If "Yes," explain the arrangement in Part XIII				一					
Par							0			
			ears back	(e) Four y	ears back					
1a	Beginning of year balance	(a) Current year		Prior year	(c) Two year				1.57	
b	Contributions									
	Net investment earnings, gains, and losses									
C C	Grants or scholarships						-			
d	Other expenditures for facilities									
e	. '									
	and programs						··			
† 	Administrative expenses				<del></del>					
g	End of year balance	ont year and balans		a column (a	)) bold as				L	
2	Provide the estimated percentage of the curr	ent year end balanc		y, coluinin (a	i)) Held as					
а	Board designated or quasi-endowment	%	_%							
þ	Permanent endowment	<del></del>								
С	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c should be a sh		at.aa th.	at ava bald a		and for th		ation		
За	Are there endowment funds not in the posse .	ssion of the organiz	ation the	at are neid a	na aaministe	rea for tr	ie organiz	ation	[ <u>v</u>	es No
	by.									
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?									
4	Describe in Part XIII the intended uses of the									
Par				1					400	<del></del>
	Description of property	(a) Cost or o		(b) Cost	I		cumulate	a	(d) Book v	alue
		basis (investr	nent)	basis (	(otner)	аер	reciation			
	Land									
b	Buildings									
С	Leasehold improvements	-								
d	Equipment	ļ		_		_				
<u>         e</u>	Other			7	8,705.		64,31	L5.	14	<u>.390.</u>
Total	Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. colur	nn (B), line 1	O(c).)				14	.390.

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

## SCHEDULE O

(Form 990 or 990-EZ)

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

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

ABLE SOUTH CAROLINA, INC 58-2336332 SECTION B, LINE 11: CPA PREPARES AND ACCOUNTANT FORM 990, PART VI, EXECUTIVE DIRECTOR REVIEW BEFORE SIGNING. FORM 990, PART VI, SECTION B, LINE 15A: ANNUALLY THE EXECUTIVE DIRECTORS SALARY IS REVIEWED ALONG WITH THE ANNUAL EVALUATION WHICH IS SHARED WITH THE FULL BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON WRITTEN REQUEST PART XII LINE 2C OVERSIGHT AND SELECTION OF ACCOUNTANT THE PROCESS HASNOT CHANGED FROM THE PRIOR YEAR

COMPUTER EQUIPMENT 051602EL   S. 00   16   1,363.   Peci   Peci
COMPUTER EQUIPMENT   Description   Descrip
COMPUTER EQUIPMENT   Computer
COMPUTER EQUIPMENT   Distriction   Distric
COMPUTER EQUIPMENT   Computed   Method   Lufe   New   Cost Of Bass   Excl
COMPUTER EQUIPMENT   Date   Method   Life   Live   Unadiusted   LATERAL FILE   Description   Date   Life   Live   Cost
COMPUTER EQUIPMENT   OS1602SL   5.00   16   7, 2   2   2   2   2   2   2   2   2   2
COMPUTER EQUIPMENT   O51602SL   5.00   1
COMPUTER EQUIPMENT   O516 02SL   5.0
COMPUTER EQUIPMENT   O516028   COMPUTER EQUIPMENT   O523028   LATERAL FILE   1209028   LATERAL FILE   1209028   ACONFERENCE TABLE   1212028   CONFERENCE TABLE   0930038   COMPUTER   0930038   COMPUTER   0930048   COMPUTER   0222078   COMPUTER   0222078
1 COMPUTER EQUIPMENT 2 COMPUTER EQUIPMENT 2 COMPUTER EQUIPMENT 2 COMPUTER EQUIPMENT 2 CABINETS 6 4 CONFERENCE TABLE 5 WORK TABLES 6 BOOK SHELVES 7 LAPTOP PEEDEEE (D) LEASEHOLD 8 IMPROVEMENTS (D) HANDICAP 9 RESTROOM (D) REGENA RANGE 10 HOOD 11 WATER COOLER (D) MICROLYTE 12 COMPUTER 13 TELEPHONE SYSTEM 14 (D) AUTO 15 (D) GREENVILLE SIGN 17 NOTEBOOK COMPUTER 18 COMPUTER
1 COMPUTER EQUIP LATERAL FILE 3 CABINETS 6 4 CONFERENCE TAB 5 WORK TABLES 6 BOOK SHELVES 6 BOOK SHELVES (D) LEASEHOLD 8 IMPROVEMENTS (D) LEASEHOLD 8 IMPROVEMENTS (D) HANDICAP 9 RESTROOM (D) REGENA RANG 10 HOOD 11 WATER COOLER (D) MICROLYTE 12 COMPUTER 13 TELEPHONE SYST 13 TELEPHONE SYST 14 (D) AUTO 15 (D) GREENVILLE 16 (D) GREENVILLE 17 NOTEBOOK COMPUTER
<sub>ĕ</sub>

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

	٠				_				_						<u> </u>	
Current Year Deduction	0	2.	0.	3,004.	15.	4.	3.	5.	ਜ	5.	24.	5.	3,346.			
Current Sec 179													0.			
Accumulated Depreciation	16,900.	16,935.	5,995.	1,752.									73,314.			
Basis For Depreciation	16,900.	16,937.	5,995.	15,020.	889.	361.	256.	329.	57.	391.	1,469.	436.	92,241.			
Reduction In Basis													0.			
Bus % Excl		_					·							 -		
Unadjusted Cost Or Basis	16,900.	16,937.	5,995.	15,020.	889.	361.	256.	329.	57.	391.	1,469.	436.	92,241.			
No	16	16	16	16	16	16	16	16	16	16	16	16				
Life	2.00	5.00	2.00	2.00	5.00	7.00	7.00	5.00	7.00	7.00	5.00	7.00		·		
Method				2SL	3SL				$^{ m ZI}$			SL				
Date Acquired	110706SL	100107SL	100107SL	090112	090113	090113SL	090113SL	090113SL	090113SL	090113SL	090113SL	090113 <mark>SL</mark>				
Description	192004 CHEVROLET	20COMPUTER EQUIPMENT	EQUIPMENT	22AND SERVER	23COMPUTER-GREENVILLE09011	24FILE CABINET	25STORAGE CABINET	26ORECK VACUUM	27FAN	29SHREDDER	CING VA.T	TABLE THROW	* TOTAL 990 PAGE 10 DEPR			
Asset	19	20	21	22	23	24	25	26	27	29	30	32				

(D) - Asset disposed