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Form 990

Return of Organization Exempt From Income Tax

<u>.</u>

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Ā	For th	e 2014 calen	dar year, or tax y	year begini	ning Jul	1	, 201	14, and	ending	Jun	30		, 2015
В	Check if	applicable	C Name of organiza	ation GOVE	RNOR'S SCI	HOOL FOR	THE ARTS	FOUND	ATION,	INC.	D Employ	er ident	ification number
	Add	dress change	Doing business a	ıs							57-	794	878
	Nai	me change	Number and stree	et (or PO box	if mail is not deliv	ered to street a	address)		Room/suite	;	E Telepho	ne numi	Der ,
	Init	al return	P.O. BOX 8	3458							(864) 282-1570		
	Fina	al return/terminated	City or town, state		country, and ZIP of	or foreign posta	l code					<u> </u>	
	Am	ended return	GREENVILLE	3			S	C 29	604		G Gross r	eceipts	\$1,340,126.
	\vdash	plication pending	F Name and address		officer						group return		
	ш		J KURT SCHUMACHER, J	R P.O. F	30X 8458	GREEN	VILLE	SC 29	604 H() Are all su	ubordinates tach a list (ıncluded	
1	Tax-e	exempt status	X 501(c)(3)	501(c) (sert no)	4947(a)(1)		527	If 'No,' at	tach a list (see instr	uctions) — —
J			afoundatio		, , ,	,	1			:) Group ex	cemption nu	mber Þ	•
K		of organization	X Corporation	Trust	Association	Other -		L Year of		1985			egal domicile SC
	rt I	Summar		1700.	7100001011011	0	l		TOTTHOUGH	1703			ogar comicile 3C
1.0		Briefly describ	oe the organizatio	n's mission	or most sign	ificant activ	rities:	WE SE	RVE S	ОПТН	CAROI.	TNA'	S ARTISTICALLY
			STUDENTS										
Governance													R THE ARTS.
Ta Ta		=====	35 30 300		. 2 3 1 2 2 3	= =						<u></u>	
Ş	2	Check this bo	x ► If the oi	rganization	discontinued	its operation	ons or dispo	sed of n	nore than	25% of	its net as	sets	
	3	Number of vo	ting members of t	the governii	ng body (Parl	t VI, line 1a) . .					3	24
ა			dependent voting		_							4	24
Activities			of individuals em		-		•					5	4
흟			of volunteers (es									6	10
ď	/a	l otal unrelate	ed business reven I business taxable	iue from Pa	rt VIII, colum	n (C) , line-1	DEAL	77 / 6		 !		7a	0.
	D	inet unrelated	business taxable	income iro	om Form 990-	-1, line 34 -			<i>)</i>	D	ior Year	7b	0.
	8	Contributions	and grants (Part	VIII. line 1h		တ္က			7,4	Pr		0.0	Current Year
e	9	Program sen	rice revenue (Part	VIII, line 111	a)	. 8 .	NOV 1	0 2045	RS-OSC		856 , 5	96.	883,293.
Revenue			come (Part VIII, c				140.8. J. 1	D. 5013	W		87,5	00	98,853.
Pe.							Make so		<u>\</u>		631,0		212,773.
	12	Total revenue	e (Part VIII, colum e – add lines 8 thi	rough 11 (n	nust egual Pa	art V IIIcolu		N_{2}, U	r i i	1	575,2		1,194,919.
; —			milar amounts pa							,	870,0		631,138.
)			to or for members						-		0,0,0		031/130.
		•				-			-		196,2	38	199,266.
Expenses		5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								199,200.			
ens									- F				
ᄶ	1		sing expenses (Pa			_		92,3					
		•	ses (Part IX, colun			•					69,8		97,968.
			es Add lines 13-1	•			•		-	1,	136,2		928,372.
		Revenue less	expenses Subtr	act line 18 1	from line 12	<u></u>		· · · ·			438,9		266,547.
5 6 6 6 8 6	l .		(D +) (40)						_		of Curre		
Assets Belan	20		(Part X, line 16)						• • • •	4,	,427,9		4,698,492.
et A	i		s (Part X, line 26)					· · · · ·			5,4		9,426.
Ž	 _		fund balances S	Subtract line	21 from line	20		• • • • •		4,	422,5	19.	4,689,066.
Pa	art II	Signatu	re Block										
Und	er penalti olete De	es of perjury, I dec	clare that I have examir rer (other than officer) is	ned this return, s based on all ir	including accomp	anying schedu	les and stateme	ents, and to	the best of	my knowle	dge and be	lef, it is t	true, correct, and
		1	- N - 1	_	\supset			<u> </u>	· · · · · · · · · · · · · · · · · · ·		47.		F 2 -
۵.		Signatu	ure of officer							Date	<i>/∪</i>	<u>Se</u> .	5215
Sig He	gn	. ~	1) (- <		, -	_ /	71						
ne	16	Type o	r print name and title	->c \un	-acter,	<u>17.</u> , C	<u>_heirm</u>	۴~					
			oreparer's name		Preparer's sign	ature / -		Date		— т	Charle I	٦,	PTIN
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<u> </u>		C diagram 4	GREENV		our obsess	/000 Instric		601_			Phone no	(86	
_			is return with the									• • •	. X Yes No
ВA	A FOR	raperwork f	Reduction Act No	ouce, see t	ne separate	instruction	15.		TEEA0	101 05/28/	/14		Form 990 (2014)



Förm	990 (2014)	GOVERNOR'S SCHO	OL FOR THE A	RTS FOUNDATION,	INC	57-0794878	Page 2
Par	t III State	ment of Program	Service Acco	mplishments			
	Check	if Schedule O contains	s a response or not	e to any line in this Part	III <i></i>		
1	Briefly describ	e the organization's m	ission:				
	WE SERVE	SOUTH CAROLI	NA'S ARTIST	CALLY			
				WARENESS AND F	RAISING REVENU	ES TO ENSURE	
						SCHOOL FOR THE ARTS.	. – – – –
	=114==1111	56 30 30 22 22 2	777222				
	Did the organi	zation undertake anv s	significant program	services during the year	which were not listed	on the prior	
	•	-					X No
		be these new services					
3				ant changes in how it co	nducts, any program s	ervices? Yes	X No
·	•	be these changes on \$	-		, p g		الما الما
4		•		ments for each of its thi	ree largest program se	rvices, as measured by expenses	
•	Section 501(c)(3) and 501(c)(4) orga	inizations are requi	red to report the amount	of grants and allocation	ons to others, the total expenses,	
	and revenue,	if any, for each progra	m service reported.				
4 a	(Code) (Expenses \$	777,73	including grants of	\$	0.)(Revenue \$ 1,233	,824.)
	SCHOLARS	HIPS FOR FINA	NCIALLY NEE	OY STUDENTS TO	PARTICIPATE I	N_THE_LIFE-TRANSFORM	MING
	OPPORTUN	ITIES AVAILAB	LE AT THE GO	OVERNOR'S SCHOOL	L, SUPPORT FO	R THE SCHOOLS GUEST	
	ARTIST P	ROGRAM, PROFE	SSIONAL DEVI	ELOPMENT FOR FA	CULTY MEMBERS	AND OTHER PROGRAM A	AND
		NEEDS IDENTII					-
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41	(Code) (Expenses \$	·	including grants of	\$) (Revenue \$)
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	c (Code) (Expenses		including grants of) (Revenue \$	١
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4	d Other program	m services (Describe i					
4	d Other prograr	m services (Describe i	n Schedule O)	ants of \$) (Reve	nue \$)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 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 I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		х
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		Х
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 as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	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? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b	Х	
	c 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	11 c		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	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	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	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
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 (see instructions)	17		х
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	Х	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2014) GOVERNOR'S SCHOOL FOR THE ARTS FOUNDATION, INC. Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	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 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		Х
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		Х
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)			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
k	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	olf '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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	

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Form 990 (2014)

Form 990 (2014) GOVERNOR'S SCHOOL FOR THE ARTS FOUNDATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

Check If Schedule O contains a response or note to any line in this Part V			<u>. Ш</u>
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			1
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2 a 4			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	 2 b	Х	ĺ
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		x
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a 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)?	4 a		Х
b If 'Yes,' enter the name of the foreign country' ▶			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	İ		l
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a 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?	6 a	Х	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Х	
7 Organizations that may receive deductible contributions under section 170(c).	$\neg \neg$		
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?	7 a	ž. X	*
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	a. de	,	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		Х
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		х
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
organization have excess business holdings at any time during the year?	8	_	X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		Х
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 ь		Х
10 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 10 b	1		
11 Section 501(c)(12) organizations. Enter			
a 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.)		- ^	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			1
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	42-		1
a is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
· · · · · · · · · · · · · · · · · · ·			1
b 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			
c Enter the amount of reserves on hand	44-		x x
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	-	<u> </u>
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 D		

Pa	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	w, an in	d for	
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	ction A. Governing Body and Management			
			Yes	No
1:	a Enter the number of voting members of the governing body at the end of the tax year			
	b Enter the number of voting members included in line 1a, above, who are independent			
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
			_	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7	a 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?	7 a		Х
	b Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			
	the following a The governing body?	8 a	- x	
	b Each committee with authority to act on behalf of the governing body?	8 b	$\frac{\hat{x}}{x}$	
		- 0 0	_^	
9	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.	
			Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
	b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	х	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b		
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in			
	Schedule O how this was done	12 c	X	
13	· · · · · · · · · · · · · · · · · · ·	13		Х
14	- · · · · · · · · · · · · · · · · · · ·	14	X	_
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
	b Other officers or key employees of the organization	15b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		x
	b If 'Yes.' did the organization follow a written policy or procedure requiring the organization to evaluate its			<u> </u>
	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		
Se	ction C. Disclosure			
17				
18				
40	Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available	ام ام		
19	the public during the tax year	ic IU		
20		C 4 \	202	
	BECKY PEARSON 15 UNIVERSITY STREET GREENVILLE SC 29601 (8	64)	Z & Z -	12/0

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

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

- 1 a 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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 is richard the organization for any role	ed organization compensated any c					.00 0	,	direct emeet, and	3.01, 51 1.45.05	
(A) Name and Title	(B) Average hours per	than	one i both dire	do no box, u an of ector/	t che inless fficer i truste	e)	n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) LISA ADAMS	1.00									
BOARD MEMBER		Х				ļ	_	0.	0.	0.
(2) JAMES BENNETT	1.00					1				
BOARD MEMBER		Х						0.	0.	0.
(3) ERWIN BOYD	1.00									
BOARD MEMBER		Х				<u> </u>		0.	0.	0.
(4) BEN_ BREAZEALE	1.00								,	
BOARD MEMBER		Х				<u> </u>		0.	0.	0.
(5) RICK DAVIS	1.00									
BOAR MEMBER	<u> </u>	Х				ļ		0.	0.	0.
(6) DAVID DUKES	1.00									
BOARD MEMBER	1	X						0.	0.	0.
(7) SHARRON_GLICKMAN	1.00	1						ļ		
BOARD MEMBER		Х			<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(8) PATTY GRIFFITH	1.00			ŀ						
BOARD MEMBER		Х					<u> </u>	0.	0.	0.
(9) COURTNEY HARTNESS	1.00									
BOARD MEMBER		Х					<u> </u>	0.	0.	0.
(10) VELDA HUGHES	1.00					İ	İ			
BOARD MEMBER		Х			L	<u> </u>	<u>L.</u>	0.	0.	0.
(11) PHILLIP LAMMONDS	1.00					1				
BOARD MEMBER		Х		L_	ļ	ļ	<u> </u>	0.	0.	0.
(12) MICHAEL LEE	1.00						İ			
BOARD MEMBER		X		<u></u>			ļ.,	0.	0.	0.
(13) ERWIN MADDREY	1.00									
BOARD MEMBER		Х		<u> </u>	<u> </u>	ļ	<u> </u>	0.	0.	0.
(14) ARNIE NEMIROW	1.00									
BOARD MEMBER		Х	<u> </u>		<u> </u>	1		0.	0.	0.

Trait vii Section A. Omecis, Directors, 1	(B)	T		(C)		<u> </u>	d riigiiest oon	iperisated Emp	oycc.	(commucu)
(A) Name and title	Average hours per week	box	not chessicer and	Position eck m s pers	on ore than on is boti ector/trus	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amou	(F) stimated int of other pensation
	(list any hours for related organiza - tions	or director	nstitutional trustee	Officer	employee Key employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	fro orga and	om the anization d related anizations
	below dotted line)	stee	ustee	'	e chance					
(15) FRANK O'BRIEN	1.00_	x							_	
BOARD MEMBER		 ^	\vdash			╁	0.	0.		0.
(16) MARGARET_POPE BOARD MEMBER	1.00 -	x						0		0
(17) LINDSEY RANKIN	1.00	┼		+		+	0.	0.		0.
BOARD MEMBER	100-	x	1				0.	0.		0.
(18) BETTY RYBERG	1.00	 ^	\vdash	-+	+	╁	· · · · · ·	· ·		
BOARD MEMBER	100-	X					0.	0.		0
(19) JIM O. STUCKEY	1.00	^	\vdash	+		╁	U.			0.
BOARD MEMBER		X					0.	0.		0.
(20) E. LLOYD WILLCOX II	1.00	+	+	-	_	╁		- 0.		
BOARD MEMBER	100-	x					0.	0.		0.
(21) SUSIE WHITE	1.00	† · · · ·				+	· · ·	· ·		
BOARD MEMBER	7=.33 -	l x					0.	0.		0.
(22) RACHEL HODGES	2.00			\dashv	-	T	<u> </u>			
BOARD CHAIR		l _x		$_{\rm X}$			0.	0.		0.
(23) LIZ MACLEOD	2.00									
BOARD VICE CHAIR	7	X		х		1	0.	ο.		0.
(24) SUSAN BICHEL	2.00					1				<u>-</u>
TREASURER	7	X		Х			0.	0.		0.
(25) J. KURT SCHUMACHER, JR	2.00									
SECRETARY	7	X		Х		ŀ	0.	0.		0.
1 b Sub-total						>	0.	0.		0.
c Total from continuation sheets to Part VII, Sec	tion A					•	77,818.	0.		0.
d Total (add lines 1b and 1c)			<u>.</u> .			•	77,818.	0.		0.
2 Total number of individuals (including but not limit	ed to those	listed	abo	ve) w	vho rec	eıve	d more than \$100,0	000 of reportable cor	npensat	ion
from the organization 0										
										Yes No
3 Did the organization list any former officer, direct										
on line 1a? If 'Yes,' complete Schedule J for such	ındıvıdual								. 3	X
4 For any individual listed on line 1a, is the sum of r the organization and related organizations greate										
such individual			• •		• • •	• •			. 4	X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,									. 5	Х
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization. Report compensation from the organization.	ated indepe pensation fo	nden ir the	t con caler	tracti idar i	ors tha vear ei	t rec	eived more than \$1	100,000 of organization's tax ve	ar	
(A)					,		(B)			C)
Name and business add	dress						Description of	f services	Compe	ensation
								-		
				-						
							1			
2 Total number of independent contractors (including	g but not lir	nited	to the	ose li	sted a	oove	e) who received mo	re than		
\$100,000 of compensation from the organization	>									
BAA		TEEA	1109 (2/00/	4.5				Form	990 (2014)

	990 (2014) GOVERNOR'S SCHOOL FOR THE ARTS	FOUNDATION,	INC.	57-0794878	Page 9
Par	VIII Statement of Revenue	•	•		
	Check if Schedule O contains a response or note to any lin	e in this Part VIII .			X
,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue and Other Similar Amounts	1 a Federated campaigns 1 a b Membership dues	883,293.	-		
Program Sen	d e f All other program service revenue g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and other similar amounts)	98,853.	98,853.	0.	0.
	d Net rental income or (loss)	*,			e e ²
Other Revenue	8 a Gross income from fundraising events (not including. \$ of contributions reported on line 1c) See Part IV, line 18	241,501.		0.	241,501.
	b				
	d All other revenue	-28,728.	-28,728.	0.	0.

e Total. Add lines 11a-11d.

12 Total revenue. See instructions

1,194,919

70,125

0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) (A)
Total expenses (B) Do not include amounts reported on lines Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments 631,138 631,138 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16. Benefits paid to or for members. Compensation of current officers, directors, 8,998 trustees, and key employees 59,988 23,995 26,995. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described ın section 4958(c)(3)(B)..... Other salaries and wages. 111,663 47,781 36,953 26,929. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... Other employee benefits 10 27,615 11,230 7,117 9,268 Fees for services (non-employees) a Management c Accounting 6,600 0 6,600 0. e Professional fundraising services See Part IV, line 17 . f Investment management fees Other (If line 11g amt exceeds 10% of line 25, column 29,656 10,033 9,769 9,854 (A) amount, list line 11g expenses on Schedule O) . . . 12 13 14 Information technology 8,314 0 3<u>,3</u>72 4,942 Royalties 15 16 Occupancy 8,616 3.104 3,362 2,150 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local 19 Conferences, conventions, and meetings . . . 20 21 Depreciation, depletion, and amortization . . . 1,874 1,874 22 0 0 23 8,295 2,744 Insurance 2,807 2,744 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 O) 6.012 0 6.012 Ο. a OFFICE EXPENSE _____ 7.979 • PROFESSIONAL DEVELOPMENT 7.979 0 O 6,872 0 c PROMOTION _ _ _ 6.872. 13,750 0 11.188 2,562. e All other expenses 928,372 731,962. 25 Total functional expenses Add lines 1 through 24e. . 104,094 92,316. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. ___ if following Check here ► SOP 98-2 (ASC 958-720).

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part Sheet

	•	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	. 129,093.	1	179,610.
-	2	Savings and temporary cash investments	. 597,902.	2	514,658.
	3	Pledges and grants receivable, net		3	265,000.
ł	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	-
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
AS	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	5.		
	b	Less accumulated depreciation 10 b 23,206		10 c	780.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities See Part IV, line 11	3,415,815.	12	3,738,444.
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	,
ļ	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,427,964.	16	4,698,492.
	17	Accounts payable and accrued expenses	5,445.	17	9,426.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	~
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	,	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D \cdot .		25_	·
	26	Total liabilities. Add lines 17 through 25	5,445.	26	9,426.
G		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
8		lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets		27	<u>3,053,319.</u>
Ba	28	Temporarily restricted net assets		28	1,209,837.
힏	29	Permanently restricted net assets	263,325.	29	425,910.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
é	33	Total net assets or fund balances	<u> </u>	33	4,689,066.
_	34	Total liabilities and net assets/fund balances	4,427,964.	34	4,698,492.
BA	A				Form 990 (2014)

Form	990 (2014) GOVERNOR'S SCHOOL FOR THE ARTS FOUNDATION, INC. 57-0	794878		Pa	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			<u>. </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,1	94,9	19.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9:	28,3	372.
3	Revenue less expenses Subtract line 2 from line 1	3	2	66,5	47.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,4	22,5	19.
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			_
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,6	89 <u>,</u> 0	66.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				.]
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		- <		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	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				
t	Were the organization's financial statements audited by an independent accountant?		2 b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate				
	basis, consolidated basis, or both:				
	X Separate basis				
C	of 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auditories, or compilation of its financial statements and selection of an independent accountant?	t, •••••	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			~	
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		X
ı	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au	ıdıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA			Form	990 (2014)

TEEA0112 05/28/14

Form 990

Continuation Sheet for Form 990

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

GOVERNOR'S SCHOOL FOR THE ARTS FOUNDATION, INC 57-0794878 Part VII Continuation: Officers, Directors, Trustees, Key Employees, and **Highest Compensated Employees** (E) (C) (F) (B) (D) Position (check all that apply) Name and Title Estimated Average hours per week (list any hours for related Reportable Reportable compensation from the organization (W-2/1099-MISC) compensation from related organizations (W-2/1099-MISC) amount of other compensation from the Individual trustee Q nstitutional trustee employee Highest compensated ormer (ey employee organization and related organizations organiza-tions below dotted line) 26 CATHERINE L. JONES 40.00 77,818 0. 0. EXECUTIVE DIRECTOR Х Х

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Employer identification number GOVERNOR'S SCHOOL FOR THE ARTS FOUNDATION, 57-0794878 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 section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g 11 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s) (I) Name of supported (iii) Type of organization (described on lines 1-9 above or IRC section (iv) is the organization listed in your governing (v) Amount of monetary (vi) Amount of other organization support (see instructions) support (see instructions) (see instructions)) document? Yes No (A) (D) (E) Total BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2014 57-0794878

Part II | Support Schedule for 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.)

Sec	tion A. Public Support			г			
Caleı begii	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, 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						
3	The value of services or facilities furnished by a governmental unit to the organization without charge			1/1/2			
4	Total. Add lines 1 through 3			191			
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. Subtract line 5 from line 4			<u> </u>			
<u>Sec</u>	tion B. Total Support		· -	,			
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				\ \&		
9	Net income from unrelated business activities, whether or not the business is regularly carried on			191			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10			, , , , , , , , , , , , , , , , , , ,	,		
12	Gross receipts from related activiti	ies, etc (see instru	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	s for the organizati	on's first, second,	third, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
	tion C. Computation of Pu						
	Public support percentage for 201					 	%
15	Public support percentage from 20	013 Schedule A, Pa	art II, line 14		<i></i>	15	%_
16 a	33-1/3% support test — 2014. If and stop here. The organization of	the organization di qualifies as a public	d not check the bo cly supported orga	ox on line 13, and the nization	he line 14 is 33-1/3	% or more, check the	his box
t	33-1/3% support test — 2013. If t and stop here. The organization	the organization did qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a nization	and line 15 is 33-1/	3% or more, check	this box
17 a	10%-facts-and-circumstances to or more, and if the organization m the organization meets the 'facts-a	eets the 'facts-and	-circumstances' te:	st, check this box a	and stop here. Exp	lain in Part VI how	_
	o 10%-facts-and-circumstances to or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and circumstances' tes	-circumstances' te t. The organization	st, check this box a n qualifies as a pub	and stop here. Exp olicly supported org	olain in Part VI how panization	the · · · · · · ▶
18	Private foundation. If the organiz	ation did not checl	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instruction	ıs ► [
5			· · · · · · · · · · · · · · · · · · ·			1.1.4.5	200 571 2011

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support							
Calendar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
Gifts, grants, contributions and membership fees received (Do not include							
any 'unusùal grants.') 2 Gross receipts from admis-	549,014.	626,327.	<u>869,482.</u>	1,148,982.	1,163,6	99.	<u>4,357,504.</u>
sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3 Gross receipts from activities that are not an unrelated trade or business under section 513.							
 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 							
6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons	549,014.	626,327.	869,482.	1,148,982.	1,163,69	99.	4,357,504.
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						1	
8 Public support (Subtract line 7c from line 6.)	` ^	;			* * * *	, ,	4,357,504.
Section B. Total Support					•		-
Calendar year (or fiscal yr beginning ın) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
9 Amounts from line 6	549,014.	626,327.	869,482.	1,148,982.	1,163,69	99.	4,357,504.
10 a Gross income from interest, dividends, payments received on securities loans, rents, royallies and income from similar sources	92,129.	95,230.	97,133.	87 , 588.	98,85		470,933.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c Add lines 10a and 10b	92,129.	95,230.	97 <u>,</u> 133.	87,588.	98,85	53.	470,933.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13 Total support. (Add lines 9, 10c, 11 and 12.)	641,143.	721,557.	966,615.	1,236,570.	1,262,55	52.	4,828,437.
14 First five years. If the Form 990 is organization, check this box and s	top here		nird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	•	▶ □
Section C. Computation of Pul							
15 Public support percentage for 2014	•	•	. ,,,			15	90.25 %
16 Public support percentage from 20						16	89.50 %
Section D. Computation of Inv							
17 Investment income percentage for						17	9.75 %
18 Investment income percentage from						18	10.50 %
19 a 33-1/3% support tests — 2014. If is not more than 33-1/3%, check the	ns box and stop h e	e re. The organizati	on qualifies as a p	oublicly supported	organization		> X
 b 33-1/3% support tests - 2013. If line 18 is not more than 33-1/3%, or 20 Private foundation. If the organization of the organi	check this box and	stop here. The or	ganization qualifie:	s as a publicly sup	ported organi	zation	i ≻ [_] :

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

• 9	Section 501(c)(4), (5), or (6) org	anizations: Complete Part III			
Name	of organization			Employer identific	ation number
GOV	/ERNOR'S SCHOOL FOR	THE ARTS FOUNDATION, INC.		57-079487	8
Pai	rt I-A Complete if the o	rganization is exempt under sect	ion 501(c) or is a	section 527 organi	zation.
1	•	ganization's direct and indirect political camp	_		
2					
_ 3					
Pai	rt I-B Complete if the o	rganization is exempt under sect	ion 501(c)(3).		
1	•	e tax incurred by the organization under sec			
2	•	e tax incurred by organization managers und			
3	•	section 4955 tax, did it file Form 4720 for this	-		
4 :	a Was a correction made?				· · · Yes No
	o If 'Yes,' describe in Part IV.				
Pai		rganization is exempt under sect			
1	Enter the amount directly expe	ended by the filing organization for section 5	27 exempt function acti	vities ► \$	
2	Enter the amount of the filing function activities	organization's funds contributed to other org	anizations for section 5	27 exempt ▶ \$	}
3	Total exempt function expend line 17b	itures. Add lines 1 and 2 Enter here and on	Form 1120-POL,		i
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	organization made payments amount of political contribution	and employer identification number (EIN) of a For each organization listed, enter the amons received that were promptly and directly daction committee (PAC) If additional space	unt paid from the filing of lelivered to a separate	organization's funds Also political organization, suc	enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)			_		
(2)			1		
(3)		-	lb.		
(4)		<i>M</i>	-\		
(5)	-		-		
(6)	-				

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

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 20	14GOVERNOR'S	SCHOOL FOR THE A	RTS FOUNDATION	, INC. 57-079	4878 Page 2
Part II-A Complete if section 501	the organizatio	n is exempt under sè	ction 501(c)(3) an	d filed Form 5768 (e	
A Check ► If the filin	g organization belon	gs to an affiliated group (and	lıstın Part IV each affi	liated group member's nai	me,
address,	EIN, expenses, and	share of excess lobbying ex	(penditures).		
B Check ► I If the film	g organization check	ced box A and 'limited contro	l' provisions apply.		
(The term		ing Expenditures ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence publi	ic opinion (grass roots lobby	 ing)	- -	
b Total lobbying expenditu	res to influence a leg	islative body (direct lobbying	g)		
c Total lobbying expenditu	res (add lines 1a and	d 1b)			
d Other exempt purpose e	xpenditures				
e Total exempt purpose ex	penditures (add line:	s 1c and 1d)			^
		unt from the following table ii			1
If the amount on line 1e, col		The lobbying nontaxable		67	
Not over \$500,000	```	20% of the amount on line 1e		10	
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the excess	s over \$500,000	`	1
Over \$1,000,000 but not over	\$1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000		
Over \$1,500,000 but not over	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000		-
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable a	mount (enter 25% of	line 1f)			
h Subtract line 1g from line	e 1a If zero or less, e	enter -0			
•		nter -0			
		r line 1h or line 1i, did the or			· · · Yes No
(Som	e organizations tha	4-Year Averaging Period U at made a section 501(h) el ns below. See the instructi	ection do not have to		
	Lobk	oying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))			/ /8		
c Total lobbying expenditures			\ \		
d Grassroots nontaxable amount		\	\		
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Forn	n 990 or 990-EZ) 2014

57-0794878

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a	1)	(b)
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		Х	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х	
c Media advertisements?		Х	
d Mailings to members, legislators, or the public?		Х	
e Publications, or published or broadcast statements?		Х	
f Grants to other organizations for lobbying purposes?		Х	<u> </u>
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		8,750.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i Other activities?		Х	
j Total. Add lines 1c through 1i			8,750.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or	
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	· · · ·	· · ·	3
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5) Part	, or s III-A,	ection 501(c) line 3, is
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year		2 a	
b Carryover from last year		2 b	
c Total		2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Taxable amount of loopying and political experience (see methodicing)			

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information

Pt II-B Line 1 THE FOUNDATION HAS CONTRACTED WITH A LOBBYING FIRM TO EDUCATE LEGISLATORS ABOUT THE MISSION AND ACTIVITIES OF THE GOVERNOR'S SCHOOL IN ORDER TO ENSURE CONTINUED FUNDING BY THE STATE OF SOUTH CAROLINA.

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	GOVERNOR 3 SCHOOL FOR THE A	ARIS FOUNDATION, IN		157-079	4878	
Par	Organizations Maintaining Dono Complete if the organization answer	or Advised Funds or Oth ered 'Yes' to Form 990, P	ner Similar Fund Part IV, line 6.	s or Accounts.	•	
		(a) Donor advised f	funds	(b) Funds and o	ther accoun	its
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
_						
5	Did the organization inform all donors and donor are the organization's property, subject to the organization	ganization's exclusive legal cont	trol?	[Yes	No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	the donor or donor advisor, or f	for any other purpose	conferring	Yes	□No
_	<u> </u>			<u> </u>	1 63	
Pai	Conservation Easements. Complete if the organization answer	ered 'Yes' to Form 990, P	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the	ne organization (check all that a	pply).			
	Preservation of land for public use (e g , recr	reation or education)	Preservation of a	historically important	land area	
	Protection of natural habitat		Preservation of a	certified historic struc	ture	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization last day of the tax year	held a qualified conservation co	ontribution in the form	of a conservation ea	sement on th	ne
	•			Held at the	End of the	Tax Year
	a Total number of conservation easements			2 a		
	Total acreage restricted by conservation easeme	ents		2 b		
	Number of conservation easements on a certified			2 c		
	d Number of conservation easements included in (structure listed in the National Register	c) acquired after 8/17/06, and n	ot on a historic	2 d		
3	Number of conservation easements modified, tra			<u> </u>	the	
4	tax year ►Number of states where property subject to cons	servation easement is located >				
-				valations		
5	Does the organization have a written policy regal and enforcement of the conservation easements				Yes	No
6	Staff and volunteer hours devoted to monitoring,			<u> </u>	_	
7	Amount of expenses incurred in monitoring, inspi	ecting, and enforcing conservat	ion easements during	the year		
8	Does each conservation easement reported on li and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote to the conservation easements	s conservation easements in its he organization's financial stater	revenue and expens ments that describes	e statement, and bala the organization's acc	ance sheet, a counting for	and
Pa	Organizations Maintaining Colle Complete if the organization answer	ections of Art, Historical ered 'Yes' to Form 990, P	Treasures, or O	ther Similar Ass	sets.	
1	a If the organization elected, as permitted under SI art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	eld for public exhibition, education	on, or research in furt	ment and balance sh herance of public ser	eet works of vice, provide	. 9,
!	b If the organization elected, as permitted under SI historical treasures, or other similar assets held f following amounts relating to these items	FAS 116 (ASC 958), to report in for public exhibition, education, of	n its revenue statemer or research in furthera	nt and balance sheet ance of public service	works of art, , provide the	;
	(i) Revenue included in Form 990, Part VIII, line	e 1		▶ \$		
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, I amounts required to be reported under SFAS 11	historical treasures, or other sim	nilar assets for financi			
	a Revenue included in Form 990, Part VIII, line 1.			▶ \$		
	b Assets included in Form 990. Part X					

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				_
d Equipment		23,986.	23,206.	780.
e Other				
otal Add lines 1a through 1e. (Column (d) must equa	al Form 990 Part X colum	on (B) line 10c)		780

BAA

Schedule D (Form 990) 2014

BAA

Complete if the organization answered "			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation (Cost or end-of-year market value
) Financial derivatives	0.		
Closely-held equity interests	0.		
) Other			
N) US GOVERNMENT BONDS	612,648.	FMV	
) PUBLICLY TRADED CORPORATE STOCKS	641,896.	FMV	
CORPORATE BONDS	720,273.		
) PUBLICLY TRADED MUTUAL FUNDS	1,732,323.		
OMMUNITY FOUNDATIONS	31,304.		
·)	31,001.		
<u></u>			
<u>''</u>)	-	· · · · · · · · · · · · · · · · · · ·	
/tal (Column (b) must equal Form 990, Part X, column (B) line 12) ▶	3,738,444.		
art VIII Investments — Program Related.	3,730,444.		
Complete if the organization answered "	Yes' to Form 990, F	art IV, line 11c. See For	m 990, Part X, line 13.
(a) Description of investment type	(b) Book value		ost or end-of-year market valu
(1)			
(2)			=. =
(3)			
 			
(4)			
(5)	,		
(6)		-	
(7)			
(8)			
(0)			
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13)▶		,	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13) >		art IV. line 11d. See For	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered		art IV, line 11d. See For	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13) > Part IX Other Assets. Complete if the organization answered ' (a) De	Yes' to Form 990, F	art IV, line 11d. See For	m 990, Part X, line 15.
otal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1)	Yes' to Form 990, F	art IV, line 11d. See For	m 990, Part X, line 15.
otal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1)	Yes' to Form 990, F	art IV, line 11d. See For	m 990, Part X, line 15.
otal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered	Yes' to Form 990, F	art IV, line 11d. See For	m 990, Part X, line 15.
10) ptal. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3)	Yes' to Form 990, F	art IV, line 11d. See For	m 990, Part X, line 15.
otal. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5)	Yes' to Form 990, F	art IV, line 11d. See For	m 990, Part X, line 15.
otal. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7)	Yes' to Form 990, F	art IV, line 11d. See For	m 990, Part X, line 15.
otal. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8)	Yes' to Form 990, F	art IV, line 11d. See For	m 990, Part X, line 15.
otal. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	Yes' to Form 990, F	art IV, line 11d. See For	m 990, Part X, line 15.
otal. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Yes' to Form 990, F		m 990, Part X, line 15.
otal. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (column (b) must equal Form 990, Part X, column (B), column (B), part X, column (B),	Yes' to Form 990, F		m 990, Part X, line 15.
otal. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (2) (3) (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities.	Yes' to Form 990, F		m 990, Part X, line 15. (b) Book value
10) plal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F	Yes' to Form 990, Fescription		m 990, Part X, line 15. (b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (2) (10) (2) (10) (2) (10) (2) (10) (2) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Yes' to Form 990, F		m 990, Part X, line 15. (b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13). Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Yes' to Form 990, Fescription		m 990, Part X, line 15. (b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13). Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (2) (10) (2) (10) (2) (10) (2) (10) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Yes' to Form 990, Fescription		m 990, Part X, line 15. (b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13). Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Yes' to Form 990, Fescription		m 990, Part X, line 15. (b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4)	Yes' to Form 990, Fescription		m 990, Part X, line 15. (b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Yes' to Form 990, Fescription		m 990, Part X, line 15. (b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Yes' to Form 990, Fescription		m 990, Part X, line 15. (b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Yes' to Form 990, Fescription		m 990, Part X, line 15. (b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Yes' to Form 990, Fescription		m 990, Part X, line 15. (b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Yes' to Form 990, Fescription		m 990, Part X, line 15. (b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) 10)	Yes' to Form 990, Fescription		m 990, Part X, line 15. (b) Book value
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization					E	mployer identific	ation number
GOVERNOR'S SCHOOL FOR THI	E ARTS FOU	INDATIO	N, INC	•	5	7-079487	8
Part I Fundraising Activities. Comp	uired to comple	te this part					
1 Indicate whether the organization ra	ised funds throi	ugh any of t	he followin	ng activities. Check all th	nat apply		
a Mail solicitations			е	Solicitation of non-	government	t grants	
b Internet and email solicitations			f	Solicitation of gove	rnment grai	nts	
c Phone solicitations			g	Special fundraising	events		
d In-person solicitations			3		,		
2 a Did the organization have a written employees listed in Form 990, Part	or oral agreeme VII) or entity in o	nt with any connection	ındıvıdual with profes	(including officers, directional fundraising servi	ctors, truste	es or key	· · · Yes No
b If 'Yes,' list the ten highest paid indi- compensated at least \$5,000 by the	viduals or entitie organization.	s (fundraise	ers) pursua	ant to agreements unde	r which the	fundraiser is t	o be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did for have custoo of contri	undraiser dy or control butions?	(iv) Gross receipts from activity	(or reta	unt paid to ained by) er listed in umn (i)	(vi) Amount paid to (or retained by) organization
					COIL	(ו) וזוווג	
		Yes	No				
1							
2							
3							
4							
5				1/2			
6			\	1			
7			N				
8							
9							
10							
Total							
List all states in which the organizat or licensing.	tion is registered	or licensed					m registration
					. – – – –		
							-
					. -		
				-			

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)
			ARTISTS IN BLOOM	HILTON HEAD GALA	4 SMALLER EVENTS	through column (c))
E			(event type)	(event type)	(total number)	
ポートモンコ	1	Gross receipts	165,700.	104,103.	116,905.	386,708.
E	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	165,700.	104,103.	116,905.	386,708.
	4	Cash prizes		-		
D	5	Noncash prizes			1,908.	1,908.
DIRECT	6	Rent/facility costs	2,065.	5 , 629.	7,622.	15,316.
	7	Food and beverages	9,966.	6,340.	22,887.	39,193.
X P	8	Entertainment				
EXPENSES	9	Other direct expenses	51,031.	6,014.	31,745.	88 , 790.
S	10	Direct expense summary Add lines 4 throu				145,207.
		Net income summary Subtract line 10 from				241,501.
Par	t III	Gaming. Complete if the organizate \$15,000 on Form 990-EZ, line 6a.	on answered 'Yes'	to Form 990, Part IV	/, line 19, or reporte	d more than
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
E	1	Gross revenue				
E	2	Cash prizes		12		
D I RECT S	3	Noncash prizes		1/1		
T E	4	Rent/facility costs		1, 1		
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 throu	gh 5 ın column (d)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d	<u>)</u>		
	ls th	er the state(s) in which the organization conditions or the organization licensed to conduct gaming and o,' explain:	ctivities in each of these			
		e any of the organization's gaming licenses res,' explain:	evoked, suspended or te	erminated during the tax		

scne	edule G (Form and or and education, INC. 57	<u>-0794878</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	· · · · Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to		
	administer charitable gaming?	· · · · U Yes	No
40	Indicate the annual or of government with any direct of my	1 1	
	Indicate the percentage of gaming activity conducted in: a The organization's facility	42-	0
	b An outside facility		8
	Enter the name and address of the person who prepares the organization's gaming/special events books and record		
17	Enter the manne and address of the person who prepares the organization's gaming/special events books and record	15	
	Name •		
			<u>-</u>
	Address •		
	a Does the organization have a contact with a third party from whom the organization receives gaming revenue?		No
ı	b If 'Yes,' enter the amount of gaming revenue received by the organization	amount	
	of gaming revenue retained by the third party \$		
•	c If 'Yes,' enter name and address of the third party:		
	$1 \frac{1}{\sqrt{1}}$		
	Name Name		
	Address		
16	Gaming manager information:		
	Name >		
	Name •		-
	Gaming manager compensation \$ \$		
	Calling Harlager compensation		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
4	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the	_	
	state gaming license?	Yes	No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
	organization's own exempt activities during the tax year \$		
Pai	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, colum and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any add	ns (III) and (V),	
	information (see instructions).	illoriai	
	•		

SCHEDULE I (Form 990)		Gov Gov	ants and Other ernments, and the organization	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	o Organizations the United Sta	s, ites or 22.		2014
Department of the Treasury Internal Revenue Service		ocurpo Information	about Schedule I (► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.). uctions is at www.irs.g	ov/form990.	<u>I</u>	Open to Public . Inspection
Name of the organization							Employer identification number	ation number
GOVERNOR'S SCHOOL	OOL FOR THE	OR'S SCHOOL FOR THE ARTS FOUNDATION, General Information on Grants and Assistance	ON, INC.				57-0794878	8
1 Does the organizate the selection criteria. 2 Describe in Part IV	ton maintain records ia used to award the the organization's p	s to substantiate the an grants or assistance?	nount of the grants or	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	s' eligibility for the grant	s or assistance, and		X Yes No
Part II Grants and Form 990,	d Other Assista Part IV, line 21 fo	nce to Domestic or any recipient tha	Organizations a at received more	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ernments. Comple	te if the organizati if additional space	ion answered 'Ye is needed.	s' to
(a) Name and address of organization or government	ss of organization rnment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GOVERNOR'S SCHOOL 15 UNIVERSITY STREET GREENVILLE SC 29601	SCHOOL	57-6000286		592,508.	38,630.	FMV	SEE PART IV	SEE MISSION
<u></u>								
(3)								
[4]								
(5)								
(7)								
(8)								
2 Enter total number3 Enter total number	of section 501(c)(3)	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	nzations listed in the	line 1 table				
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990	eduction Act Notice	e, see the Instructions	s for Form 990.		TEEA3901 06/19/14	06/19/14	Schedu	Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) GOVERNOR'S SCHOOL FOR THE ARTS FOUNDATION, INC.

| Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-					
2					
		\mathcal{M}			
4		M/M	1		
S.					
မှ					
7					

NONCASH ASSISTANCE CONSISTED OF LIBRARY BOOKS, LEGAL SERVICES, SUPPLIES, ARTWORK AND OTHER MISCELLANEOUS SMALL ITEMS

Other

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Schedule I (Form 990) (2014)

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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Name of the organization GOVERNOR'S SCHOOL FOR THE ARTS FOUNDATION, INC

57-0794878

Par	ti Iyp	es of Property			_					
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	(d) nod of d n contrib	, etermini	ng nounts	
1	Art - Wo	ks of art								
2	Art - His	orical treasures								
3	Art - Fra	ctional interests								
4	Books an	d publications	Х		26,742.					
5	Clothing a	and household goods			= 4/= -	†				
6	Cars and	other vehicles								
7	Boats and	I planes								
8	Intellectua	al property								
9	Securities	- Publicly traded								
10	Securities	- Closely held stock								
11	Securities - Partnership, LLC, or trust interests.									
12	Securities - Miscellaneous			-						
13		conservation contribution —								
14	Qualified conservation contribution — Other									
15	Real estate – Residential							_		
16	Real estate – Commercial									
17	Real estate – Other									
18	Collectibles						,			
19	Food inventory							•		
20	Drugs and medical supplies							-		
21	Taxidermy							-		
22	Historical artifacts									
23	Scientific specimens									
24	Archeolog	gical artifacts								
25	Other ►	(CATERING, EVENTS) .	X	25	30,219.					
26	Other >	(EVENTS PROMOTION) .	X	9	56,999.					
27	Other -	(PRIZES) .	X	1	4,990.					
28	Other ►	(OTHER MISC).	l x	9	6,013.	<u> </u>				
29	Number o organizat	of Forms 8283 received by the organization on completed Form 8283, Part IV, Donee A	during the ta Acknowledge	x year for contributions ment	for which the	29			0.	
								Yes	No	
30a	During the	e year, did the organization receive by contitle teast three years from the date of the initial	tribution any ;	property reported in Part	t I, lines 1-28, that it mus	t ot				
		for the entire holding period?					30 a		Х	
b	b If 'Yes,' describe the arrangement in Part II.									
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X									
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?									
b	If 'Yes,' describe in Part II									
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II									

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.

2014

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Internal Metallica Control	at www.ns.gov/io/in/sso.	·
Name of the organization		Employer identification number
GOVERNOR'S SCHOOL	FOR THE ARTS FOUNDATION, INC.	57-0794878
	EMPLOYMENT DECISIONS FOR THE EXECUTIVE DIRECTOR	ARE MADE BY THE BOARD
Pt VI, Line 15a	BASED ON QUALIFICATIONS, DUTIES AND THE LOCAL JO	DB MARKET.
	OTHER EMPLOYMENT DECISIONS ARE MADE BY THE EXECU	JTIVE DIRECTOR AND THE
Pt VI, Line 15b	BOARD BASED ON THE SAME CRITERIA.	
	FORM 990 WAS REVIEWED PRIOR TO FILING BY THE FIN	NANCE COMMITTEE OF THE
Pt VI, Line 11b	BOARD. ALL BOARD MEMBERS HAVE RECEIVED A COPY OF	THE COMPLETED 990.
	CONFLICT OF INTEREST IS MONITORED BY THE EXECUTE	VE COMMITTEE OF THE
Pt VI, Line 12c	BOARD OF DIRECTORS.	