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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

A	For the	2014 calendar year, or tax year beginning OCT 1, 2014 and ending	SEP 30, 2015	
В	Check if applicable	C Name of organization	D Employer identific	cation number
	Addres change	ABLE SOUTH CAROLINA, INC		
	Name change	Doing business as	58-2	336332
L	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	· ·	
L	Final return/	136 STONEMARK LANE 100	803-	<u>779-5121</u>
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	975,847.
Ļ	Amend return	COLUMBIA, SC 29210	H(a) Is this a group re	
L	Applica	F Name and address of principal officer. ATMDEADT 115501	for subordinates	Yes X No
	pendin	136 STONEMARK LANE SUITE 100, COLUMBIA, SC	H(b) Are all subordinates in	ncluded? Yes No
L	Tax-exe	mpt status X 501(c)(3)	527 If "No," attach a	list (see instructions)
		e: ► WWW. ABLE-SC.ORG	H(c) Group exemptio	
		organization: X Corporation	ear of formation: 1994 N	M State of legal domicile: SC
	1 1	Briefly describe the organization's mission or most significant activities: EMPOWERI	NG PEOPLE WIT	H
Activities & Governance		DISABLITIES TO REACH THEIR HIGHEST LEVEL OF		
r	2	Check this box if the organization discontinued its operations or disposed of n		ssets
Ş	3 1	Number of voting members of the governing body (Part VI, line 1a)	3	14
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
ος Θ	5	Fotal number of individuals employed in calendar year 2014 (Part V, line 2a)	5	33
itie	6	Fotal number of volunteers (estimate if necessary)	6	0
ĊĖ	7 a	Fotal unrelated business revenue from Part VIII, column (C), line 12	7a	0.
⋖	Ь	Net unrelated business taxable income from Form 990 T line 34 EN / ED	7b	0.
_		THE OLIVED ()	Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)	813,948.	931,685.
Revenue	9 1	Program service revenue (Part VIII, line 2g) FEB I 2 2016	22,706.	37,400.
	10	pyestment income (Part VIII) column (A) lines 3 (4, and 7d)	454.	1,767.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e)	1,584.	4,995.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	838,692.	975,847.
	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Ø.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	532,483.	595,567.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Q.	ь	Total fundraising expenses (Part IX, column (D), line 25)		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	278,603.	336,009.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	811,086.	931,576.
	19	Revenue less expenses. Subtract line 18 from line 12	27,606.	44,271.
ъ	9		Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	220,960.	295,880.
ASS	Š 21	Total liabilities (Part X, line 26)	20,096.	57,848.
Net Assets or	22	Net assets or fund balances Subtract line 21 from line 20	200,864.	238,032.
P	art II	Signature Block		
Un	der pena	ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of m	y knowledge and belief, it is
tru	e, correc	t, and complete. Beelaration of preparer (other than afficer) is based on all information of which prep	arer has any knowledge.	
		Similar Chip sax		
Sig	gn	Signature of officer	Date	- 0011
He	re	KIMBERLY TISSOT, EXECUTIVE DIRECTOR	<u></u>	5.2016
		Type or print name and title	/	
		Print/Type preparer's name Preparer's suparture	Date Check	PTIN
Pa	id	LEWIS R LEAPHART, JR LEWIS R LEAPHART, J	R02/03/16 self-employ	
Pre	eparer	Firm's name MCGREGOR AND COMPANY, LLP	Firm's EIN	57-0292726
Us	e Only	Firm's address POST OFFICE BOX 135		
		COLUMBIA, SC 29202	Phone no. (8	
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No
400		1 HA For Panerwork Reduction Act Notice see the senarate instructions		Form 990 (2014)

		<u>58-2336332 </u>	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	X
1	Briefly describe the organization's mission.	am I Burnt or	
	EMPOWERING PEOPLE WITH DISABILITIES TO REACH THEIR HIGHE	ST TRART OF	<u> </u>
	INDEPENDENCE		
2	Did the organization undertake any significant program 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 Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes	X No
	Describe the organization's program service accomplishments for each of its three largest program services, as m	secured by expense	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	-	
		s, the total expenses,	anu
4 =	revenue, if any, for each program service reported. (Code) (Expenses \$ 827, 123. including grants of \$) (Revenue	42	305 \
4a	(Code) (Expenses \$) (Revenue	\$42,	<u> 393.</u>)
		_ 	
			
4b	(Code) (Expenses \$) (Revenue	\$)
			
4c	(Code) (Expenses \$) (Revenue	\$)
			
		· · · · · · · · · · · · · · · · · · ·	
			
			
			
4d	Other program services (Describe in Schedule 0.)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► 827,123.		000 :==
43200	2	Form 9	90 (2014)

	•		Yes	_No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	i	ļ	
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes, " complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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		X
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	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		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	1		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٠,
	or for foreign individuals? 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,			٦,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			7,
	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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(2014)
		rom	JJU	₍ 2014)

Checklist of Required Schedules (continued) Yes No 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 X 21 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 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Х 23 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 25a X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 26 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," Х complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III 27 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 X 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 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b 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 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 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 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Form 990 (2014)

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

Par				
	Check if Schedule O contains a response or note to any line in this Part V			┦——
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 1			İ
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 33	}	7.5	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
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)?	4a_		X
þ	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).	_		1,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			7.7
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x
	to file Form 8282?	7c_		
	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f	-	_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	-	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>u</u> 7h		
h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
_	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
10	Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
''	Gross income from members or shareholders			
h	Gross income from other sources (Do not net amounts due or paid to other sources against			
b	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	ACID			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		
.о	to the state of the same control of health plane in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	The state of the s		'	
	organization is licensed to issue qualified health plans			1
С	120	L		L
14a		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2014)

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 or note to any line in this Part VI			$\overline{\mathbf{x}}$
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 14			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	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?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	x	
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,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	The state of the s	12a	X	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	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	ł		
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	L	
Sec	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)	avaılab	le	
	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	cıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	KIMBERLY TISSOT - 803-779-5121			
	136 STONEMARK LANE-SUITE 100, COLUMBIA, SC 29210			
43200	6 11-07-14	Form	1 990	(2014)

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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 or note to any line in this Part VII

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

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

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per	box	not c	Pos heck ss pe	more	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) STACY THOMPSON	2.00	ļ			ļ	Ì				•
IMMEDIATE PAST PRESIDENT	2 00	X	<u> </u>	X			ļ.—.	0.	0.	0.
(2) ANGELA JACILDONE	2.00	٠,		٠,,				0.	0.	•
SECRETARY	2 00	X		X		-	-	0.	0.	0.
(3) BRITTANY OWEN	2.00	X		x			}	0.	0.	^
TREASURER	1 00	<u> </u>	├	Α	-	-	-	0.		0.
(4) CLAYTON COPELAND	1.00	X			İ			0.	0.	0.
DIRECTOR	1.00	^	_			-	├			<u></u>
(5) DR. DAVID DAWSON	1.00	X		X			1	0.	0.	0.
PRESIDENT	1.00	1	-	Α		1	╁╌			
(6) CAMILLE FALLAW DIRECTOR	1.00	\mathbf{x}			1			0.	0.	0.
(7) ROCHELLE GADSON	2.00		-			1	\vdash	<u> </u>		
VICE PRESIDENT	2.00	x						0.	0.	0.
(8) SARAH CASTEEL	1.00			_						
DIRECTOR		x						0.	0.	0.
(9) TAYLOR GRIFFIN	1.00									
DIRECTOR		X			ĺ			0.	0.	0.
(10) DAVID LAIRD	1.00									
DIRECTOR		X	<u> </u>		<u> </u>			0.	0.	0.
(11) ANTHONY PLOTNER	1.00									
DIRECTOR		X				ļ	<u> </u>	0.	0.	0.
(12) BRENETTA RICHARDS	1.00]		j]		
DIRECTOR		X	L .			<u> </u>	<u> </u>	0.	0.	0.
(13) JENNIFER BAZER	1.00	1					1			_
DIRECTOR	 	X	ļ	<u> </u>		_	ļ	0.	0.	0.
(14) ANGELA MCWHITE	1.00									_
DIRECTOR		X	 			<u> </u>	⊢	0.	0.	0.
		1						}		
		 	-			-	├	 		
	-	1								
	 	-	 	-	-	+-	\vdash	 		
		1								
		Щ.	Ц		Ь—	Ь.		<u> </u>		- 000

Form 990 (2014)

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Form 990 (2014)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

	<u>.</u>	Check if Schedule O cont	ains a response	or note to any line		· · · · · · · · · · · · · · · · · · ·		<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats .	la	Federated campaigns	1a					
	b	Membership dues	1b					
A E	С	Fundraising events	1c					
<u>a</u>		Related organizations	1d					
δĒ		Government grants (contribut		900,835.				
20		All other contributions, gifts, gran	. —		•			1
1 1 2 E		similar amounts not included abo		_30,850.				
9	a	Noncash contributions included in lines	• ——					
and Other Similar Amounts	•	Total. Add lines 1a-1f			931,685.			
				Business Code		,		
2	2 a	PROGRAM FEES		900099	37,400.	37,400.		
<u> </u>	b							
ă ă	С							
	d							
Revenue	e							
.		All other program service reve	enue					
		Total. Add lines 2a-2f			37,400.			
- 3	 3	Investment income (including	dividends, inter	est, and				
		-46			1,767.			1,767.
	1	Income from investment of tax		. [
(5	Royalties .		▶ [
		•	(i) Real	(ii) Personal				
	За	Gross rents						
	b	Less rental expenses			İ			
	С	Rental income or (loss)						
	d	Net rental income or (loss)		. ▶				
١,	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less. cost or other basis						
		and sales expenses						
j	С	Gain or (loss)						
	d	Net gain or (loss)		>				
ه ا ده	3 a	Gross income from fundraisin	g events (not					
ğ		including \$	of	1				
Other Revenu		contributions reported on line	1c). See]				
<u>ت</u>		Part IV, line 18	a	.l				ļ
重	b	Less direct expenses	t	,				
0		Net income or (loss) from fund	draising events					
9	a	Gross income from gaming ac	ctivities See					
		Part IV, line 19	. а	ı []				
	ь	Less: direct expenses	. t					
		Net income or (loss) from gam	ning activities					
10) a	Gross sales of inventory, less	returns					
		and allowances	a					
	ь	Less: cost of goods sold	t.					
		Net income or (loss) from sale	s of inventory	•				
		Miscellaneous Revenu		Business Code				
1	1 a	OTHER		900099	4,995.	4,995.		
	b							
	C							
ı	ď	All other revenue						
1	•							
	e	Total. Add lines 11a-11d		▶	4,995.			

Section	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must co	mplete column (A).	·
	Check if Schedule O contains a respon-			······································	
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals 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)				
7	Other salaries and wages	508,033.	461,841.	46,192.	· · · · · · · · · · · · · · · · · · ·
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	48,670.	43,803.	4,867.	
10	Payroll taxes	38,864.	34,978.	3,886.	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	5,500.		5,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	36,336.	34,819.	1,517.	<u> </u>
12	Advertising and promotion				
13	Office expenses				
14	Information technology .				
15	Royalties				
16	Occupancy .	90,535.	81,482.	9,053.	
17	Travel	62,022.	59,484.	2,538.	
18	Payments of travel or entertainment expenses		İ		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,215.	5,593.	622.	
23	Insurance .	3,725.	2,145.	1,580.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DD OCDAN CUDDI TEC	79,700.	78,699.	1,001.	
a b	AMILED	15,363.	6,936.	8,427.	
C	DOCUMENT AND DETAINED	14,344.	7,305.	7,039.	
d		11,153.	10,038.	1,115.	
-	All other expenses	11,116.		11,116.	
25	Total functional expenses. Add lines 1 through 24e	931,576.	827,123.	104,453.	0.
<u>20</u> 26	Joint costs. Complete this line only if the organization				······································
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	İ			
	Check here Inf following SOP 98-2 (ASC 958-720)				··············

Part X Balance Sheet

<u>Par</u>	t X	Balance 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	171,266.	1_	27,137
	2	Savings and temporary cash investments		2_	
	3	Pledges and grants receivable, net	30,236.	3	110,013
J	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
l	!	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			
က္		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	2,003
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 111,809			
	b	Less. accumulated depreciation 10b 74,543	. 19,458.	10c	37,266
	11	investments - publicly traded securities		11	119,461
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments program-related See Part IV, line 11		13	
	14	Intangible assets		14	
_	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	220,960.	16	295,880
	17	Accounts payable and accrued expenses	20,096.	17	57,848
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
y)	22	Loans and other payables to current and former officers, directors, trustees,			
≝		key employees, highest compensated employees, and disqualified persons.			
Liabilities		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		25	
	26	Total liabilities. Add lines 17 through 25	20,096.	26	57,848
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and		j	
Ş		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	200,864.	27	238,032
ala	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ò		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	200,864.	33	238,032
	34	Total liabilities and net assets/fund balances	220,960.	34	295,880

Form **990** (2014)

orm	990 (2014) ABLE SOUTH CAROLINA, INC	58-233	6332	Pag	_{ge} 12
Par	TXI Reconciliation of Net Assets				
	. Check if Schedule O contains a response or note to any line in this Part XI	,	··		
		•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2			76.
3	Revenue less expenses Subtract line 2 from line 1	3	4	4,2	<u>71.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20	0,8	64 .
5	Net unrealized gains (losses) on investments	5	<	<u>7,1</u>	<u>03.</u> >
6	Donated services and use of facilities	6			
7	Investment expenses	7	<u>-</u>		
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	23	8,0	<u>32.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other]		ĺ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O	1 1		ĺ
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			l
	separate basis, consolidated basis, or both.				ĺ
	Separate basis Consolidated basis Both consolidated and separate basis				ĺ
b	Were the organization's financial statements audited by an independent accountant?		2b	X_	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,			ĺ
	consolidated basis, or both				l
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			•
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S				
	Act and OMB Circular A-133?		За	X	
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	990	(2014)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number 58-2336332 ABLE SOUTH CAROLINA, INC Part I 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 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). 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) \mathbf{x} An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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 it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (ii) EIN (iii) Type of organization listed in your (described on lines 1-9 other support (see support (see organization governing document? above or IRC section Instructions) Instructions) Yes (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

	edule A (Form 990 or 990-EZ) 2014	O	Б	0-4	(EXAVANC: X	1 4 70 (1 1/4 1/4 1/4	Page 2
Pa	Support Schedule for						
	(Complete only if you checked fails to qualify under the tests				n railed to quality	under Part III. If the	organization
Sec	ction A. Public Support	listed below, plea	ise complete Part	111.)			
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	(4) ==		(0/=0.1=	19/20/3	(5)	() 10.2.
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ						
	ization's benefit and either paid to			'			
	or expended on its behalf						
3	The value of services or facilities	-			1		-
	fumished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			<u> </u>	<u> </u>	<u> </u>	
5	The portion of total contributions					ı.	
	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,]		ļ		
	column (f)						
	Public support. Subtract line 5 from line 4		<u> </u>	<u> </u>	<u> </u>	<u></u>	
Sec	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·			,		r
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4			ļ			
8	Gross income from interest,						
	dividends, payments received on				ĺ		
	securities loans, rents, royalties						
_	and income from similar sources						
9	Net income from unrelated business					,	
	activities, whether or not the						
40	business is regularly carried on			 		 	
10	Other income Do not include gain	ı	ľ				
	or loss from the sale of capital assets (Explain in Part VI)						
				 	 	 	
11	Total support. Add lines 7 through 10 Gross receipts from related activities,	etc (see instruct	ions)			12	1
12	First five years. If the Form 990 is for			rd fourth or fifth t	 av vear as a secti		
13	organization, check this box and stop		o mot, socoma, an	, , , , , , , , , , , , , , , , , , ,	an your do a coon	o oo .(o)(o)	
Se	ction C. Computation of Publ	ic Support Pe	rcentage			·	···
14	Public support percentage for 2014 (column (f))		14	%
15	Public support percentage from 2013		•	```		15	%
	a 33 1/3% support test - 2014. If the			on line 13, and line	14 is 33 1/3% or		
	stop here. The organization qualifies					_	. ▶□
t	33 1/3% support test - 2013. If the				l line 15 is 33 1/3	% or more, check th	nis box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b,	, and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organization	ation qualifies as a	publicly supported	d organization .		▶□

Schedule A (Form 990 or 990-EZ) 2014

b 10% -facts-and-circumstances test - 2013. 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 VI how the

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

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 b	elow, please comp	lete Part II.)				
Sec	tion A. Public Support	_					
Cale	ndar year (or fiscal year beginning 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.")	691,802.	726,074.	714,841.	813,948.	931,685.	3878350.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	9,241.	4,295.	12,264.	24,290.	42,395.	92,485.
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	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					!	····
6	Total. Add lines 1 through 5	701,043.	730,369.	727,105.	838,238.	974,080.	3970835.
7 a	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		'				0.
_	amount on line 13 for the year						0.
	Add lines 7a and 7b						3970835.
Sec	Public support (Subtract line 7c from line 6)	<u> </u>	<u> </u>				3970033.
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	701,043.	730,369.	727,105.	838,238.	974,080.	3970835.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7017013	2,029.	581.	454.	1,767.	4,831.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b		2,029.	581.	454.	1,767.	4,831.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	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)	701,043.	732,398.	727,686.	838,692.	975,847.	3975666.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ation,
	check this box and stop here			<u> </u>	·	<u> </u>	
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2014 (line 8, column (f) d	ivided by line 13, o	column (f))		15	99.88 %
16	Public support percentage from 2013					16	99.91 %
Se	ction D. Computation of Inve	stment incom	e Percentage				
17	Investment income percentage for 20	014 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	.12 %
18	Investment income percentage from	2013 Schedule A,	Part III, line 17			18	.09 %
198	33 1/3% support tests - 2014. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	
							▶ X
	more than 33 1/3%, check this box a	ind stop here. The	e organization quai	illes as a publicly :	supported organiza	211011	- LAL
ŀ	more than 33 1/3%, check this box a 33 1/3% support tests - 2013. If the						
ŀ		organization did r	not check a box or	ine 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	

Schedule A (Form 990 or 990-EZ) 2014

432023 09-17-14

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete

	and by it you office that it, complete decidency taria of it you discould into on all
	Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete
O ::	A AU O ' ' '

<u> </u>	tion 7t. All Capporting Organizations			
	Annual of the grant and a superinded accompany to the discourse of the grant and a superinded	Γ	Yes	_No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
^	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
2-	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2		
Sa	(b) and (c) below	3a		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
Ü	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3ь		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
Ŭ	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If	-55		
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
ь		1		-
-	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
•	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN		ł	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	_5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	_5c	ļ	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	1	í (
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	} _	! 	
_	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990).	8		
ya	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	000		
L	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
D	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	Oh.		
_	the supporting organization had an interest? If "Yes," provide detail in Part VI. Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	9b		
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	W W C C C C C C C C C C C C C C C C C C	30		 -
ıva	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a		
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings)	10b	L	

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

		_				
2	abadula	۸	/Earm	200	A- 000	E71 2044

6

Income tax imposed in prior year

instructions)

Distributable Amount, Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013e Excess from 2014

Schedule A	(Form 990 or 990-EZ) 2014 ABLE SOUTH CAROLINA, INC	58-2336332 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or	17b; and Part III, line 12
	Also complete this part for any additional information (See instructions)	- <u>-</u>
		
		
		
		*
		· · · · · · · · · · · · · · · · · · ·

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 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 Inspection

Name of the organization

ARIJE SOUTH CAROLINA INC

Employer identification number 58-2336332

Par	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
	organization and to to to to the configuration, and	(a) Donor advised funds	(b) Funds and other accounts
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 advisors in	writing that the assets held in donor advis	ed funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
·	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	or definer deviser, or ter drift earlier parposes	. Yes No
Par		ganization answered "Yes" to Form 990. P	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or e	<u></u>	orically important land area
	Protection of natural habitat	· —	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
~	day of the tax year		
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
h	Total acreage restricted by conservation easements	· ··	2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		ure
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
_	year >	-	
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements d	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements	(A (I II) I T	All and Circlian Appeals
Pa	t III Organizations Maintaining Collections o		tner Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items		~ **
	(i) Revenue included in Form 990, Part VIII, line 1		
			• •
2	If the organization received or held works of art, historical tre		ai gairi, provide
	the following amounts required to be reported under SFAS 1	I TO (ASC 938) relating to these items	L ¢
a	Revenue included in Form 990, Part VIII, line 1		. •
b	Assets included in Form 990, Part X		P D

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Schedule D (Form 990) 2014

	dule D (Form 990) 2014 ABLE SO	UTH CAROLI	NA,I	NC				<u>58-23</u>	36332	Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures,	or Oth	er Simil	ar Asse	ts(continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	at are a s	ignificant	use of its	collection i	tems
	(check all that apply).									
а	Public exhibition	(a 🖳	Loan or exc	hange progra	ams				
þ	Scholarly research	•	• 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ey further t	he organızatı	ion's exe	mpt purp	ose in Par	XIII	
5	During the year, did the organization solicit of	or receive donations	of art, h	storical trea	sures, or oth	er sımila	r assets		_	
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's co	ollection?	• • • • •			Yes	No_
Par	t IV Escrow and Custodial Arran	- '	lete if the	organizatio	n answered	"Yes" to	Form 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other as	sets no	tincluded		_	
	on Form 990, Part X?							L	Yes	U No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:						
									Amount	
C	Beginning balance						. 1c			
d	Additions during the year						1d			
е	Distributions during the year .						1e			
f	Ending balance						1f_	<u> </u>		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for 6	escrow or c	ustodial acco	ount liab	ılıty?		Yes	∐ No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line	10			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four ye	ears back_
1a	Beginning of year balance									
b	Contributions		<u> </u>							
С	Net investment earnings, gains, and losses		ļ							
ď	Grants or scholarships									
е	Other expenditures for facilities		,							
	and programs		ļ <u>.</u>							
f	Administrative expenses									
g	End of year balance				<u>. </u>					
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	g, column (a	a)) held as.					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiz	zation tha	at are held a	ınd admınıste	ered for t	he organi	zation		
	by								Y	es No
	(i) unrelated organizations			•					3a(i)	
	(ii) related organizations	-			•		-	•	3a(ii)	
þ	If "Yes" to 3a(ii), are the related organization	s listed as required	on Sched	dule R?	•		-	. •	3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pai	rt VI _ Land, Buildings, and Equipn				_	_	_			
	Complete if the organization answere			, line 11a S	ee Form 990), Part X,	line 10			
	Description of property	(a) Cost or			or other		ccumulate		(d) Book v	/alue
		basis (invest	ment)	basis	(other)	de	preciation	<u> </u>		
1a	Land									
b	Buildings									
C	Leasehold improvements									
d	Equipment									
	Other				1,809.	L	74,5	43.		<u>, 266.</u>
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Par	t X, colur	nn (B), line 1	10c.) .				<u> </u>	<u>,266.</u>

Schedule D (Form 990) 2014

ABLE SOUTH CAROLINA, INC

Schedule D (Form 990) 2014

58-2336332 Page 3

	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per F		2330332 Page 4
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	968,744.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•			000//220
а	Net unrealized gains (losses) on investments	2a	<7,103.	 	
ь	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c] [
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	<u> <7,103.</u> ;
3	Subtract line 2e from line 1			3	975,847.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
b	Other (Describe in Part XIII)	4b		↓	
С	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	aanta \Alith	Evnonce nor	Dotu	975,847.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		expenses per	netu	m.
_	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			T	931,576.
1	Total expenses and losses per audited financial statements	•	••	1	931,370.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities	2a			
a	Prior year adjustments	2b		1 1	
b	Other losses	2c		i	
d		2d		1 1	
e				2e	0.
3	Subtract line 2e from line 1		• •	3	931,576.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	•	•		
а	1 1 1 1 1 1 5 1 2 0 0 0 De 1 1 1 1 1 1 2 2 7 5	4a]	
b		4b] [
С	Add lines 4a and 4b			4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<u> </u>	5	931,576.
Pa	rt XIII Supplemental Information.				
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional inform	ation		

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

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.

Internal Revenue Service Name of the organization

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

Inspection Employer identification aumbor

ABLE SOUTH CAROLINA, INC	58-2336332
FORM 990, PART VI, SECTION B, LINE 11:	
CPA PREPARES AND ACCOUNTANT AND EXECUTIVE DIRECTOR REVIEW	
BEFORE SIGNING.	
FORM 990, PART VI, SECTION B, LINE 15A:	
ANNUALLY THE EXECUTIVE DIRECTORS SALARY IS REVIEWED ALONG	
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 REQUE	
FORM 990, PART XII, LINE 2C:	
PROCESS HASNOT CHANGED FROM PRIOR YEAR.	

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

Schedule O (Form 990 or 990-EZ) (2014)