

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493130019026

Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A F	or the 20	)15 cal	endar year, or tax year beginning	01-01-2015 , and ending 12	2-31-201	5			
	eck if appli		<b>C</b> Name of organization South Carolina Association for				D Emplo	yer ide	ntification number
_	ress chan	_	Community Economic Development				56-20	4981	3
	me change	9	Doing business as						
j Init Fina	ial return		Number and street (or P O box if ma	ıl ıs not delivered to street address)	Room/suit	:e	E Telepho	ne num	ber
	urn/termin	ated	PO Box 20577				(843)	579-9	855
☐ Am	ended retu	um	City or town, state or province, count Charleston, SC 29413	ry, and ZIP or foreign postal code			2 6 7 7 7 7		h 002 FF4
M App	olication pe	ending	Charleston, SC 25415				G Gross re	eceipts	882,554
			F Name and address of princ	ipal officer		H(a)	Is this a group	return	
			Bernett Mazyck 903 W Fifth N Street			H(b)	subordinates? Are all subordi	nates	□Yes □No □Yes □No
			Summerville, SC 29483			(2)	ıncluded?		·
<b>T</b> Ta:	x-exempt	status	▼ 501(c)(3)	sert no )	27	11(-)			(see instructions)
	ebsite:	► http	//www.communitydevelopments			п(С)	Group exempt	ion nur	nber 🟲
		·	Corporation Trust Association			I Var		or M	Chata of land demonstra CC
			mary	Other F		L Yea	ar of formation 19	95   19	State of legal domicile SC
			cribe the organization's mission	or most significant activities					
Activities & Governance	insti parti mino Ecoi com	tutions icular ority con nomic munity	development corporations (CDC) s, corporations and other entities emphasis on promoting developm ommunities Through our network Development (SCACED) strives deconomic development industry vate investment to local communi	working within the state's ectent in communities that have of members and partner organ to improve the quality of life for in South Carolina SCACED	onomical been lef nizations, or low we achieves	ly distr t out of South alth far this th	essed commun the economic r Carolina Assoc nilies and comn rough capacity	ities T nainstr iation nunitie buildin	he SCACED places ream, especially for Community s by advancing the ig and attracting
জ									
<b>8</b> 0	2 Che	eck thi	s box 🕌 if the organization disc	ontinued its operations or dis	posed of	more t	han 25% of its	net as:	sets
Ě			, ,	<b>'</b>					
¥C.	l		f voting members of the governin					3	13
			f independent voting members of nber of individuals employed in ca		•			<b>4</b> 5	12
			nber of volunteers (estimate if ne					6	12
	<b>7a</b> Tot	al unre	elated business revenue from Par	t VIII, column (C), line 12				7a	0
	<b>b</b> Net	unrela	ted business taxable income fron	n Form 990-T, line 34				7b	
				41.			Prior Year	107	Current Year
<u>a</u>			butions and grants (Part VIII, lin m service revenue (Part VIII, lin	•		657,:	-	778,584	
Revenue		_	ment income (Part VIII, column			8	12		
æ	11 (	Other	revenue (Part VIII, column (A), l	nes 5, 6d, 8c, 9c, 10c, and 1	1e)				0
		Γotalr 12)	evenue—add lines 8 through 11 (	must equal Part VIII, column	ı (A ), lıne		764,	527	882,554
			and similar amounts paid (Part I	X, column (A), lines 1-3) .			196,8	356	137,461
	<b>14</b> E	Benefit	ts paid to or for members (Part IX	(, column (A), line 4)					0
<b>S</b> R		Salarıe 5–10)	es, other compensation, employee	e benefits (Part IX, column (A	), lines		316,	552	325,368
Expenses		,	sional fundraising fees (Part IX,	column (A), line 11e)					0
ਡੇ	ь ¬	Fotal fur	ndraising expenses (Part IX, column (D),	line 25) <b>▶</b> 57,604					
			expenses (Part IX, column (A), lı				253,	-	251,976
	l		expenses Add lines 13–17 (mus ue less expenses Subtract line 1				766,9 -2,4	-	714,805
<u>አ ም</u>	15 '	\cvent	de less expenses Subtract file 1	o nom me 12	• •		ning of Current \		End of Year
Net Assets or Fund Balances						begin			
Ass dBa	l		issets (Part X, line 16) iabilities (Part X, line 26)				411,	-	574,478 49,669
25 25 25	l		sets or fund balances Subtract I			'	357,	-	524,809
Unde my kr	r <b>t III</b> r penaltı nowledge	Signa es of p e and b	ature Block perjury, I declare that I have example lief, it is true, correct, and composite of the composite composi	mined this return, including ac	company		nedules and sta	temen	ts, and to the best of
	T <sub>k</sub>	****	**				2016-05-05		
Sign	,   <b> </b>	Signa	ture of officer				Date		
Here			ett Mazyck President & CEO or print name and title						
			or print name and title rint/Type preparer's name	Preparer's signature	Da	nte	Check I If	PTIN	
Paid	t		full Stevens CPA	Will Stevens CPA			self-employed	P01208	3094
	parer		rm's name The Hobbs Group PA				Firm's EIN 🕨		
	Only	Fi	rm's address F 1704 Laurel Street				Phone no (803	) /99-0!	555
		- 1	Columbia, SC 29201				1		

Par		nt of Program Servic	_			_
1		nedule O contains a respo he organization's mission	nise or note t	o any line in this Part II	II	<u> </u>
The S deve corpo prom netwo	South Carolina Asso lopment corporation prations and other e oting development ork of members and ove the quality of lif lina SCACED achie	ociation for Community Ecns (CDCS), community deventities working within the sincommunities that have largeries, Soife for low wealth families ar	velopment fin state's econd been left out uth Carolina w nd communiti building and	ancial institutions (CDF) mically distressed com of the economic mainsti Association for Commules by advancing the col attracting public-privat	state-wide trade association of FIS), local governments, finar imunities The SCACED place ream, especially minority con nity Economic Development ( mmunity economic development) te investment to local commu	icial institutions, es particular emphasis on nmunities Through our SCACED) strives to ent industry in South
2	the prior Form 990	on undertake any significai O or 990-EZ?				「Yes √No
	If "Yes," describe	these new services on Scl	hedule O			
3		on cease conducting, or ma	ake sıgnıfıcar	nt changes in how it con	ducts, any program	Ev En
	services?	these changes on Schedu	 la 0			⊤Yes ▼No
4	Describe the organ	nızatıon's program service	accomplishn organization:	s are required to report	ee largest program services, the amount of grants and allo	
4a	(Code See Schedule O	) (Expenses \$	543,177	including grants of \$	137,461 ) (Revenue \$	103,958 )
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
	0.11	/D 1 5 :				
4d	·	ervices (Describe in Sched		f &	\ (Pavanua #	١
	(Expenses \$		ding grants o	·	) (Revenue \$	,
4e	Total program se	rvice expenses 🟲	543,177			

Part IV Checklist of Required Schedules
---

	Checking of Regulied 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
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		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
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		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 😼	10		No
l1	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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	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		No
	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		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
L5	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		No
	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		No
L7	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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		N o
L8	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		No
	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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 😼	21	res	
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	Yes	
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		No
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	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	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		No
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		No
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		No
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? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.			
		31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
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		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
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	Yes	

	990 (2015)			Page
Par	<b>Statements Regarding Other IRS Filings and Tax Compliance</b> Check if Schedule O contains a response or note to any line in this Part V			.৷৴
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	6		
	Did the organization comply with backup withholding rules for reportable payments to vendors an			
	gaming (gambling) winnings to prize winners?	1c	Yes	
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	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruc		Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule			No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or of over, a financial account in a foreign country (such as a bank account, securities account, or other account)?			No
Ь	If "Yes," enter the name of the foreign country ►_ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financi (FBAR)	al Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	ar? <b>5</b> a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tr	ransaction? 5b		No
C	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 organization solicit any contributions that were not tax deductible as charitable contributions?	did the <b>6a</b>		No
b	If "Yes," did the organization include with every solicitation an express statement that such continuous mere not tax deductible?	cributions or gifts 6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly services provided to the payor?			No
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which is			
	file Form 8282?			Νo
a	If "Yes," indicate the number of Forms 8282 filed during the year	0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	efit contract?		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of			No
g	If the organization received a contribution of qualified intellectual property, did the organization fi required?	lle Form 8899 as <b>7g</b>		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the org	anization file a 7h		No
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holding during the year?	· ·		
Qa.	Did the sponsoring organization make any taxable distributions under section 4966?	8 9a		No No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u> </u>		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club acilities			
11	Section 501(c)(12) organizations. Enter			
	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 )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	rm 1041? <b>12a</b>	1	Νo
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(a)(30) and life in a security backs in a security for the life in a security for the			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the additional information the organization must report on Schedule O	instructions for 13a	1	No
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			
	Did the organization receive any payments for indoor tanning services during the tax year?		_	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedi	uleO <b> 14b</b>	)	

Se	ection 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							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12							
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		No				
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		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No				
6	Did the organization have members or stockholders?	6		No				
	•	H						
	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?							
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No				
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
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		Νo				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)				
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo				
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	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
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	Yes					
	Other officers or key employees of the organization	15b	Yes					
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No				
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						
	List the Characteristics and the Court of th							
	List the States with which a copy of this Form 990 is required to be filed							
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. 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 financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records PBernett Mazyck PO Box 20577 Charleston, SC 29413 (843) 579-9855 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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
(1) Evelyn Coker	1 00	х						0	0	0	
Director	0 00										
(2) Matt Giddens Director	0 00	×						0	0	0	
(3) Lon Jones-Gibbs	1 00				$\vdash$						
		×						0	0	0	
Director	0 00										
(4) Michelle Mapp  Director	0 00	×						0	0	0	
(5) Katrına Springer	1 00										
Director	0 00	x						0	0	0	
(6) Rev William Stanfield	1 00										
Director	0 00	X						0	0	0	
(7) Ginny Stroud	1 00								_		
Director	0 00	X						0	0	0	
(8) Robert Thomas Director	1 00	х						0	0	0	
(9) Nate Barber	1 00										
Chairman				X				0	0	0	
(10) Don Oglesby	0 00										
Vice Chair	0 00			х				0	0	0	
(11) Kristi King-Brock Secretary	1 00			х				0	0	0	
(12) Deborah McKetty	1 00										
Treasurer	0 00			X				0	0	0	
(13) Bernett Mazyck	40 00										
President & CEO	0 00			Х				84,000	0	2,400	

t VII	Section A. Officers	Directors,	Trustees,	Kev Emr	olovees	, and Highest	Compensated I	mplovees	(continued
-------	---------------------	------------	-----------	---------	---------	---------------	---------------	----------	------------

	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	more t	more than one box, unless person is both an officer and a director/trustee)  compensation from the organization (W- organizations							Reportable compensation from related organizations (W	compensation W- from the		
		for related organizations below dotted line)  Individual trustee or director		Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relato organiza	ed	
											-			
1b	Sub-Total						<b>•</b>				•			
c d	Total from continuation sheet Total (add lines 1b and 1c) .	=			٠.	٠.			84	4,000				2,400
2	Total number of individuals (in \$100,000 of reportable compe	cluding but not	lımıted	to the	ose		d abov	e) wl	ho receive	d more th	an			
3	Did the organization list any fo	-				key	emplo	yee,	or highes	t compen	sated employee		Yes	No
4	on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual										3		No No	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for									5		No			
S	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization												tax year	
		(A) lame and business									(B) cription of services		(C Comper	)
							_							

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Part V	4 🛊 🛊 1	Statement o						
		Check if Schedi	ule O contains a respon	se or note to any lin	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue
						exempt	business	excluded from
						function revenue	revenue	tax under sections
						70701140		512-514
w 90	1a	Federated cam	paigns 1a					
E E	ь	Membership du	es <b>1b</b>	20,950				
Grants	c	Fundraising eve	ents <b>1c</b>					
% <u>4</u>								
ons, Gifts, Grants Similar Amounts	d	Related organiz						
<u>.</u> ق	е	Government grant	s (contributions) 1e	194,500				
Contributions, and Other Sim	f	All other contribution	ons, gifts, grants, and <b>1f</b>	563,134				
Contributic and Other		sımılar amounts no	ot included above					
Ξē	g	1a-1f \$	ons included in lines					
No.	h	Total. Add lines	s 1 a - 1 f		778,584			
				Business Code				
E E	2a	Annual Conference	,	Busiliess Code	84,948	84,948		
es Se	b	Tax Credit Fees	·			,		
<b>達</b>		- Tax Cledit rees			19,010	19,010		<u> </u>
rwc	С							
Ř	d							
Program Serwce Revenue	e							
2 2	f	All other progra	am service revenue					
ř	g	Total. Add lines	l s2a-2f	🕨	103,958			
	3		ome (including dividence					
		and other simil	ar amounts)	•	12	12		
	4	Income from inves	stment of tax-exempt bond p	proceeds	0			
	5	Royalties			0			
		_	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
	c	expenses Rental income						
		or (loss)						
	d	Net rental inco	me or (loss)		0			
	7-	Gross amount	(ı) Securities	(II) O ther				
	/a	from sales of						
		assets other than inventory						
	ь	Less cost or						
	6	other basis and						
	c	sales expenses Gaın or (loss)						
	d	Net gain or (los	ss)		0			
ψ	8a	Gross income f	г	·				
Other Revenue		events (not inc	luding					
•		\$	s reported on line 1c)					
č		See Part IV, lir						
Ē			a					
₹			penses b					
	С	Net income or	loss) from fundraising e(	events 🛌	0			
	9a		rom gaming activities ne 19					
		See Parciv, III	a a					
	ь	Less direct ex	penses <b>b</b>					
			(loss) from gaming activ	rities▶	0			
	10a	Gross sales of	inventory, less	-				
		returns and allo	owances .					
	_		a					
		_	oods sold <b>b</b>					
	С		(loss) from sales of inve		0			
	11-	Miscellaneou	s kevenue	Business Code				
	11a							
	b							
	С							
	d	All other reven	L					
	е	Total. Add lines	s 11a-11d	🕨	0			
	12	Total revenue	See Instructions					

	on 501(c)(3) and 501(c)(4) organizations must complete all columns  Check if Schedule O contains a response or note to any line in t				
	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	65,112	65,112		
2	Grants and other assistance to domestic individuals See Part IV, line 22	72,349	72,349		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and				
,	key employees	86,400	56,160	17,280	12,960
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	181,813	118,178	36,363	27,272
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,362	2,835	872	655
9	Other employee benefits	32,451	21,093	6,491	4,867
10	Payroll taxes	20,342	13,223	4,068	3,051
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
С	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	30,281	15,140	14,838	303
12	Advertising and promotion	6,244	5,620	624	
13	Office expenses	14,757	10,330	2,214	2,213
14	Information technology	0			
15	Royalties	0			
16	Occupancy	23,943	15,563	5,986	2,394
17	Travel	45,288	38,495	6,793	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	75,527	71,751	3,776	
20	Interest	0	,	,	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	956	860	48	48
23	Insurance	4,508	2,705	1,578	225
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 O)				
а	Outside Services	17,400	12,180	5,220	
b	Telephone Expense	13,718	8,917	2,744	2,057
c	Postage and Shipping	7,367	5,525	921	921
d	Computer Expenses	6,384	4,788	958	638
е	All other expenses	5,603	2,353	3,250	
25	Total functional expenses. Add lines 1 through 24e	714,805	543,177	114,024	57,604
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . .  $\Gamma$ (A) Beginning of year (B) End of year 1 372,053 418,405 Cash-non-interest-bearing

1	Cash-non-interest-bearing			372,053	1	418,405
2	Savings and temporary cash investments				2	0
3	Pledges and grants receivable, net				3	0
4	Accounts receivable, net			35,080	4	153,651
5	Loans and other receivables from current and former officer key employees, and highest compensated employees. Com Schedule L	plete P				0
6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(c) employers and sponsoring organizations of section 501(c) employees' beneficiary organizations (see instructions) Co Schedule L	(3 <sup>°</sup> )(B), (9 ) volu	and contributing intary		6	0
7	Notes and loans receivable, net				7	0
8	Inventories for sale or use		•		8	0
9	Prepaid expenses and deferred charges		-	826	9	0
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	18,168			
Ь	Less accumulated depreciation	10b	16,496	1,928	<b>10</b> c	1,672
11	Investments—publicly traded securities				11	0
12	Investments—other securities See Part IV, line 11		. [		12	0
13	Investments—program-related See Part IV, line 11				13	0
14	Intangible assets				14	0
15	Other assets See Part IV, line 11			1,500	15	750
16	Total assets. Add lines 1 through 15 (must equal line 34)			411,387	16	574,478
17	Accounts payable and accrued expenses			14,247	17	19,589
18	Grants payable				18	
19	Deferred revenue			40,080	19	30,080
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability Complete Part IV of S	Schedu	eD		21	
22	Loans and other payables to current and former officers, di key employees, highest compensated employees, and disq					
	persons Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelated third pa	irties			23	
24	Unsecured notes and loans payable to unrelated third parti	es .	[		24	
25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	related	third parties,		25	
26	Total liabilities. Add lines 17 through 25		• •	54,327	26	49,669
20	Organizations that follow SFAS 117 (ASC 958), check here			34,327	20	49,009
	lines 27 through 29, and lines 33 and 34.	F   V &	ind complete			
27	Unrestricted net assets		[	163,582	27	264,029
28	Temporarily restricted net assets		[	193,478	28	260,780
29	Permanently restricted net assets		[		29	
	Organizations that do not follow SFAS 117 (ASC 958), checomplete lines 30 through 34.	ck here	► <b> and</b>			
30	Capital stock or trust principal, or current funds		[		30	
31	Paid-in or capital surplus, or land, building or equipment fu	nd .			31	
32	Retained earnings, endowment, accumulated income, or oth		•		32	
33	Total net assets or fund balances			357,060	33	524,809
34	Total liabilities and net assets/fund balances			411,387	34	574,478

Net Assets or Fund Balances

-01111	990 (2015)			1	age <b>⊥</b> ⊿
Par	Reconcilliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8	382,554
2	Total expenses (must equal Part IX, column (A), line 25)	2		7	714,805
3	Revenue less expenses Subtract line 2 from line 1	3		1	167,749
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	357,060
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		5	524,809
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		_		. $\sqsubset$
				Yes	No
1	Accounting method used to prepare the Form 990			1.65	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νο
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493130019026

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

Total

## **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.

Open to Public

Inspection

		<b>ne organization</b> na Association for					Employer identifica	ation number
		Economic Development					56-2049813	
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	itions must co	mplete this p		ons.
The	organı	zation is not a private fo	oundation bec	ause it is (For lines 1	through 11, ch	eck only one b	ox )	
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(</b> l	b)(1)(A)(i).	
2	Г	A school described in	section 170(b	)(1)(A)(ii).(Attach So	hedule E (Form	n 990 or 990-E	(Z))	
3		A hospital or a cooper						
4	Γ	A medical research or hospital's name, city,	ganızatıon ope					i <b>).</b> Enter the
5	Γ		ated for the be	nefit of a college or un I )	iversity owned	or operated by	a governmental unit o	described in <b>section</b>
6	Г	A federal, state, or loc	al governmen	t or governmental unit	described in <b>se</b>	ection 170(b)(1	L)(A)(v).	
7		An organization that n				om a governme	ental unit or from the g	general public
8	Г	described in <b>section 1</b> A community trust des				+ 11 )		
9	į.			ves (1) more than 33			ibutions, membership	fees, and gross
	·	receipts from activition	es related to it	s exempt functions—s	subject to certa	in exceptions,	and (2) no more than	331/3% of its support
				unrelated business ta:			1 tax) from businesse	es acquired by the
10	г	An organization after Jun		ee <b>section 509(a)(2).</b>			n 509(a)(4)	
11	, _	An organization organ						out the nurnoses of
	'	one or more publicly s						
		the box in lines 11a th	rough 11d tha	at describes the type o	of supporting or	ganızatıon and	complete lines 11e, 1	l 1f, and 11g
а	Г	<b>Type I.</b> A supporting of						
		supported organization organization You mus				ty of the direct	ors or trustees of the	supporting
ь	Г	Type II. A supporting	•	•		with its suppo	rted organization(s). I	ov having control or
_	,	management of the su	-	•				
	_	must complete Part I						
С	ı	Type III functionally						grated with, its
d	$\vdash$	supported organization  Type III non-function						ianization(s) that is
u	'	not functionally integr						
		(see instructions) Yo						
е	Γ	Check this box if the o					s a Type I, Type II, T	ype III functionally
_	<b>-</b>	integrated, or Type III						
f	Ente	r the number of support						
g		Provide the following i	illorillation ab	out the supported orga	illization(s)			
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)
Nar	ne of s	supported organization		Type of	Is the orga		A mount of	A mount of other
				organization	listed in your		monetary support	support (see
				(described on lines 1-9 above (see	docume	int	(see instructions)	instructions)
				instructions))				
					Yes	No		
			ı	I	ı		I	ı

Pa	(Complete only if you Part III. If the organiz	checked the bo	ox on line 5, 7, c	r 8 of Part I or	if the organiza	ition failed to q	
	ection A. Public Support	ation rails to qu	ially ander the	iesis listed bele	w, picase com	ipiete rait III.	
	Calendar year						
(or	fiscal year beginning in)	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
1	Gıfts, grants, contributions, and						
	membership fees received (Do	946,742	1,078,971	545,098	657,107	782,334	4,010,252
_	not include any unusual grants )						
2	Tax revenues levied for the organization's benefit and either						0
	paid to or expended on its behalf						O
3	The value of services or facilities						
_	furnished by a governmental unit						0
	to the organization without						0
	charge						
4	<b>Total.</b> Add lines 1 through 3	946,742	1,078,971	545,098	657,107	782,334	4,010,252
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included						0
	on line 1 that exceeds 2% of the						O
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						4,010,252
	from line 4						4,010,232
S	ection B. Total Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
(or	fiscal year beginning in) 🟲						
7	A mounts from line 4	946,742	1,078,971	545,098	657,107	782,334	4,010,252
8	Gross income from interest,						
	dividends, payments received on	314	158	45	8	12	537
	securities loans, rents, royalties						
9	and income from similar sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						0
	carried on						
10	Other income Do not include						
	gain or loss from the sale of						0
	capital assets (Explain in Part						
	VI)						
11	<b>Total support.</b> Add lines 7 through 10						4,010,789
12	Gross receipts from related activit	ties etc (see inst	tructions)			12	502,141
				* h	Ch. L		
13	<b>First five years.</b> If the Form 990 is check this box and <b>stop here</b>						) organization,
_	ection C. Computation of Pu			<u> </u>	<u> </u>		
	Public support percentage for 201			1.1 column (f))		T T	
14	· · · · · · ·			11, Column (I))		14	99 990 %
15	Public support percentage for 201	4 Schedule A, Pa	rt II, line 14			15	99 750 %
16a	33 1/3% support test—2015.If the	e organization did	not check the box	on line 13, and li	ne 14 is 33 1/3%	or more, check t	
	and <b>stop here.</b> The organization qu						<b>►</b> ▽
Ь	33 1/3% support test—2014.If the				and line 15 is 33	1/3% or more, ch	
17-	box and <b>stop here.</b> The organization				. 12 1616		▶
1/a	<b>10%-facts-and-circumstances test</b> is 10% or more, and if the organiz						
	in Part VI how the organization me						rted
	organization	.c.s the lacts all	a circumstances	test The Organiz	acion quannes a:	s a publicly suppo	►□
b		<b>t—2014.</b> If the org	anızatıon dıd not c	heck a box on line	e 13, 16a, 16b. o	r 17a, and line	• •
	15 is 10% or more, and if the orga						
	Explain in Part VI how the organiz						
	supported organization						<b>▶</b> ┌
18	<b>Private foundation.</b> If the organiza	tion did not check	a box on line 13,	16a, 16b, 17a, o	r 17b, check this	box and see	<b>▶</b> □
	ınstructions						<b>₽</b>

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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 vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 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) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

### 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

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V )		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below.	За		ı
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		ı
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?  If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
c	by or in connection with its supported organizations.  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.	<b>4</b> c		
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 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ı
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 <b>Part VI</b> .	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 II of Schedule L (Form 990).	8		
9a	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 in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	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
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?  If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
<b>i</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	· · · · · · · · · · · · · · · · · · ·
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 A mounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
<b>d</b> From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<ul> <li>Carryover from 2010 not applied (see instructions)</li> </ul>			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (If amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			

### Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts	And	Circum	stances	Test
-------	-----	--------	---------	------

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493130019026

OMB No 1545-0047

# **SCHEDULE D**

(Form 990)

Inter

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

	Revenue Service	Information about Schedule D (	(Form 990) and its instructi	ons is at <u>www.ir</u> :	s.gov/fe	orm990.	Inspe	
	ne of the organiz				Emplo	oyer identific		
	th Carolina Association Inmunity Economic De				56-2	049813		
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  Complete if the organization answered "Yes" on Form 990, Part IV, line 6.							
	Comple	te if the organization answere	•	art IV, line 6.				
	T - 4 - 1		(a) Donor advised funds	T	<b>(b)</b> F	unds and ot	her accour	nts
1		at end of year						
2	year)	alue of contributions to (during						
3	Aggregate value of grants from (during year)							
4	Aggregate va	alue at end of year						
5		ation inform all donors and donor a ganization's property, subject to t	_		nor advis	ed	┌ Yes	┌ No
6	used only for ch conferring impe	ation inform all grantees, donors, a laritable purposes and not for the rmissible private benefit?	benefit of the donor or dono	r advisor, or for a	ny other		☐ Yes	┌ No
		vation Easements. Comple			on Form	1 990, Part	IV, line 7	
1	Preservatio	onservation easements held by th n of land for public use (e g , recre if natural habitat	ation or education)					ea
2	•	2a through 2d if the organization l	hold a gualified concentration	n contribution in t	tha farm	of a concoru	ation	
2		e last day of the tax year	ieid a quaiilled collservatio	ii contribution iii t	the lotti	or a conserv	ation	
						Held at th	ne End of t	he Year
а	Total number of	conservation easements			2a			
b	Total acreage r	estricted by conservation easeme	nts		2b			
С		ervation easements on a certified		` ,	2c			
d		ervation easements included in (c re listed in the National Register	acquired after 8/17/06, a	nd not on a	2d			
3	Number of cons	ervation easements modified, trar	nsferred, released, extinguis	shed, or terminate	ed by the	organization	n during th	е
	tax year ►							
4	Number of state	es where property subject to cons	ervation easement is locate	ed <b>►</b>				
5		zation have a written policy regard enforcement of the conservation e		g, inspection, han	dling of	Г	res ┌ N	ło
6	Staff and volunt year	eer hours devoted to monitoring, i	nspecting, handling of viola	itions, and enforc	ıng cons	ervation eas	ements du	iring the
	<u> </u>							
7	A mount of expe  ▶ \$	nses incurred in monitoring, inspe	ecting, handling of violations	s, and enforcing c	onserva <sup>.</sup>	tion easemei	nts during	the year
8		servation easement reported on lir on 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the re	quirements of sec	ction 170		res ┌ N	ło
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements							
Par	<b>t IIII Organi</b> Comple	zations Maintaining Collecte If the organization answere	tions of Art, Historica ed "Yes" on Form 990, P	al Treasures, art IV, line 8.	or Oth	er Similar	Assets.	•
1a	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items							
b								
(	i) Revenue inclu	ded on Form 990, Part VIII, line 1			<b>-</b> \$			_
		d ın Form 990, Part X						
2		•	nistorical treasures, or othe	r sımılar assets fo				
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items							

Revenue included on Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

Part	****	Organizations Maintaining (continued)	Collections of A	Art, H	istori	cal	Treas	ures, or	Oth	er Similar <i>A</i>	ssets	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other re	cords,	check a						se of its	
а	┌ P	ublic exhibition		d	Г	Loa	n or exc	change pro	gram	S		
b	Γs	scholarly research		е	Γ	Oth	ner					
c	ГР	reservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII											
5	Durin	g the year, did the organization solic	it or receive donati	ions of	art, hıst	oric	al treas	ures or oth	ersı	mılar		
		s to be sold to raise funds rather th		as par	t of the	orga	anızatıor	r's collection	on?		S	
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Forn	า 990,	Part	t IV, lır	ne 9, or re	epor	ted an amou	nt on Forr	n 990,
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?											
b	If"	'Yes," explain the arrangement in Pa	art XIII and complet	te the f	ollowing	g tab	ole			An	nount	
c	Beg	ginning balance						1	c			
d	Αd	ditions during the year						1	d			
e	Dıs	stributions during the year						1	e			
f	End	ding balance						1	f			
2a	Did th	ne organization include an amount o	n Form 990, Part X,	line 21	., for es	crov	worcus	todial acco	unt li	ıabılıty? <b>┌ Ye</b> s		
ь	If"Ye	es," explain the arrangement in Part										Г
Pai	rt V	Endowment Funds. Comple							<del></del>			
12	Pogur	aning of year halance	(a)Current year	(b)	Prior yea	r	<b>b</b> (c) 1 v	o years back	(a)	Three years back	(e)Four ye	ars back
1a b	_	nning of year balance ributions										
c	Net II losse	nvestment earnings, gains, and										
d	Grant	ts or scholarships										
e		r expenditures for facilities programs 										
f	A dmı	inistrative expenses										
g	End c	of year balance										
2	Provid	de the estimated percentage of the	current year end bal	lance (I	ıne 1g,	colu	ımn (a))	held as				
а	Board	l designated or quasi-endowment 🕨										
ь	Perma	anent endowment ►										
c		orarily restricted endowment Fercentages on lines 2a, 2b, and 2c	should equal 100%									
3 <b>a</b>	organ	here endowment funds not in the pos lization by	_		n that a	re he	eld and	admınıster	ed fo	_	Yes	No
ь	(ii) re	related organizations								36	a(i) n(ii) 3b	
4	Desci	ribe in Part XIII the intended uses o	of the organization's	endow	ment fu	nds				_		
Par	t VI	Land, Buildings, and Equip										
		Complete if the organization a Description of property	inswered 'Yes' to		Cost	or oth	ner basıs	2 11a.See (b) Cost or other (other)		M 990, Part 2 Accumulate (c)depreciatio	d <b>(d)</b> Bo	ok value
1a	_and			†				. ,				
Ь	Buildin	gs										
c l	_easeh	nold improvements		.								
d I	Equipm	nent		. [				18	,168	16	496	1,672
	Other											
Tota	I. A dd I	lines 1a through 1e <i>(Column (d) mus</i>	t equal Form 990, Pa	rt X, coi	umn (B	), lin	e 10(c).	)	•		D (Form 9	1,672

Part VII Investments—Other Securities. See Form 990, Part X, line 12.	Complete if the organ	ization answered 'Ye	s' on Form 990, Part IV, line 11b.
(a) Description of security or categ (including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
	) -		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 <b>Part VIII</b> Investments—Program Related	)		
Complete if the organization answe	red 'Yes' on Form 990	), Part IV, line 11c. <sub>Se</sub>	
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organiz		Form 990. Part IV. line	11d See Form 990. Part X. line 15
	escription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) In	ne 15.)		
Part X Other Liabilities. Complete if the o		l 'Yes' on Form 990,	Part IV, line 11e or 11f.
See Form 990, Part X, line 25.  1. (a) Description of liability	(b) Book value		
Faderal income toyee			
Federal Income taxes			
		$\dashv$	
		_	

	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	882,554
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	882,554
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	882,554
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	es per Re	turn.
	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements		turn.
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	es per Re	turn.
Pari	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	es per Re	turn.
Part  1 2	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	es per Re	turn.
Part  1 2 a	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	es per Re	turn.
Part  1 2 a b	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	es per Re	turn.
Part  1 2 a b c	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	es per Re	turn.
Part  1 2 a b c d	Reconciliation of Expenses per Audited Financial Statements With Expense Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1	<b>turn.</b> 714,805
Part  1 2 a b c d e	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1 1 2e	<b>turn.</b> 714,805
Part  1 2 a b c d e	Reconciliation of Expenses per Audited Financial Statements With Expense Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1 1 2e	<b>turn.</b> 714,805
Part  1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial Statements With Expense Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1 1 2e	<b>turn.</b> 714,805
Part  1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1 1 2e	

### Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
Part X FIN48 Footnote	The Association has received a determination letter from the Internal Revenue Service (IRS) indicating it is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code and is subject to federal income tax only on unrelated business income. The Association also qualifies for charitable contribution deduction under section 170(b)(1)(A) and has been classified as an organization that is not a private foundation under Section 509 (a)(2). Management is not aware of any transactions which would jeopardize their tax-exempt status. Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Association and to recognize a tax liability (or asset) if the Association has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has analyzed the tax positions taken by the Association and has concluded that as of December 31, 2015 and 2014, there are no uncertain positions taken or expected to be taken that would require recognition of liability (or asset) or disclosure in the financial statements. The Association is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. Management believes it is no longer subject to income tax examinations for fiscal years prior to 2012. U.S. state jurisdictions have statutes of limitations that generally range from three to five years. Currently no audits for any tax periods are in progress.

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493130019026

Schedule I (Form 990)

# Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2015

OMB No 1545-0047

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

To more the organization for some selection criteria used to award the grants or assistance?	▽ Yes
Part I General Information on Grants and Assistance  1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	•
the selection criteria used to award the grants or assistance?	•
	IV, line 21, for any recipient
	, , , ,
(a) Name and address of organization or government  (b) EIN  (c) IRC section if applicable organization or government  (d) A mount of cash grant assistance  (e) A mount of non-cash of non-cash assistance of the control of the control of non-cash assistance of non-cash assistance of the control of non-cash assistance of the control of non-cash assistance of non-cash assi	_ · · · · · · · · · · · · · · · · · · ·
(1) Allendale County ALIVE 58-2399005 10,000 0 PO Box 252 Allendale, SC 29810	Create FT Housing Developer
(2) Balckville CDC 57-1115403 10,000 0 PO Box 414 Blackville, SC 29817	Purchase of Equipment
(3) CDC of Marlboro County PO Box 103 Marlboro, SC 29512	Provide home and emergency repairs
(4) Increasing HOPE 75-3070026 10,000 0 1551 Remount Road STE B N Charleston, SC 29406	Rehabilitation of homes

Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . .

Return Reference

(a) Type of grant or assistance

(1) Given through Individual Dev Acct

(f)Description of non-cash assistance

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

(b)Number of

recipients

Explanation

31

(c)A mount of

cash grant

72,349

Part IV Supplemental Informat	<b>tion.</b> Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	additional information.

(d)A mount of

non-cash assistance

(e)Method of valuation (book,

FMV, appraisal, other)

Schedule I (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493130019026

OMB No 1545-0047

2015

Open to Public Inspection

# SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization
South Carolina Association for
Community Economic Development

Employer identification number
56-2049813

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	Management reviews the Form 990 for completeness and accuracy. Once it is approved, it is forwarded to the Board of Directors for review and comment period. At the completion of this comment period, and once all comments are addressed, the Form 990 is filed with the Internal Revenue Service.

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Annually the Board of Directors is provided a copy of the organization's by-laws to re-familiarize themselves with the organization governing documents. The Board of Directors is required to review and sign a conflict of interest statement. The personnel policy, which includes policies of conduct that include conflicts of interest, is reviewed annually by the executive committee for needed changes, and when changes are made to the policy, each employee is provided a copy of the updated document and is required to sign an affirmation of their review. Each new employee is provided a copy of the personnel policy and is required to sign and affirmation of their review.

Return Reference	Explanation
	The organization consults with salary surveys provided by the South Carolina Association of Nonprofit Organizations, as well as other state community development corporations, when developing the President and CEO and other employee salaries. Committees of the Board of Directors review and conclude on this information when providing a recommendation to the Board for approval

Return Reference	Explanation
	The Organization makes its Public Disclosure Form 990 available upon request at its corporate offices The Organization makes its governing documents, conflict of interest policy and financial statements available to the public upon request in its corporate offices

Return Reference	Explanation
	The organization had no reportable payments to a vendor requiring compliance with backup withholding rules, nor did they provide any reportable gaming, gambling, or winnings to a prize winner

Return Reference	Explanation
Part III - Statement of Program Service Accomplishments Line 4a	Individual Development Account Program Program Description The South Carolina Association for Community Economic Development (SCACED) statewide Individual Development Account (IDA) program was held 2001 2015. The IDA program is a 3.1 matched savings account program that allows individuals to use their savings and match money toward any of three productive assets a home, a small business or post-secondary education. Participants are required to save their funds, participate in financial literacy education and asset based training before having access to their match funds. 2001. 2015. Statewide IDA Program Funds Invested. \$5,000,000 in state money matched an additional \$500,000 in federal funds for a total of \$1,000,000. 100 homes purchased. IDA funds leveraged a total of \$10,000,000 in homes sold (*represents average home price of \$100,000). 92 students went back to school. IDA funds leveraged \$1,113,200 in tuition. (*represents average tuition cost of \$12,100). 183 businesses were started. IDA funds leveraged a total of \$3,806,400 to (*represents 183 jobs created at \$20,800 average annual salary of minimum wage earner in South Carolina 40 hours per week at \$10/hour from the Bureau of Labor Statistics). Leveraged Funds. \$1,000,000 in IDA funds leveraged a total of \$14,919,600 economic impact in South Carolina (Nearly a 15 to 1 Return on Investment) 100 homes purchased, 92 students went back to school and 183 business started Community Development Tax Credit As previously stated, The South Carolina Community Economic Development Fund grant program, the legislation also authorizes \$5,000. 200 for an addition to the Community Economic Development Fund grant program, the legislation also authorizes \$5,000. 200 for a distribution in CDEs) in the state allows a 33% credit against state tax liabilities to South Carolina Department of Commerce as Community Development Corporations (CDCs) and Community Development Tax Credits for eligible investments and contributions to organizations certified DDCs and CDFis that operat

Return	Explanation
Reference	
	Morco-enterprise Partnership Program in 2014, the South Carolina General Assembly passed - and Governor Nikki halley signed into law - the Moro-enterprise Partnership Program with the purpose of promoting and facilitating the development of contractive to establish the Moro-enterprise Partnership Program with the purpose of promoting and facilitating the development of our state's moro-enterprises have the capacity to create jobs, enhance enterpreneural skills and abilities, and increase the capacity of low-income households to become self-sufficient The SCDCO has decided to partner with the South Carolina Association for Cormming Economic Development (SCACCE) to execute this program, which includes a Moro-enterprise grant programs as development services programs for the South Carolina Association for Cormming Sources (SCACCE) to execute this program, which includes a Moro-enterprise and small business sectors. Thanks to the SC Department of Commerce, \$200,000 in capital was made available to support increlending programs for two organizations Community Works Carolina, in a rath the Charleston Colywide Local Development. Corporation - at their requested amount of \$100,000. This capital was made available to support increlending \$400,000 in total loan capital and an anticipated collective economic impact of \$800,000 for underserved communities. Actual impact is to date 13 loans deployed totaling \$111,629 in loan capitals 500 so to date 13 loans deployed totaling \$111,629 in loan capitals 500 so to date 13 loans deployed totaling \$111,629 in loan capitals 500 so to date 13 loans deployed totaling \$111,629 in loan capitals 500 so to date 13 loans deployed totaling \$111,629 in loan capitals 500 so to date 13 loans deployed totaling \$111,629 in loan capital ship should be seen leveraged with an additional \$200,000 for underserved communities and second ship ship ship ship ship ship ship ship
	Economic Development Fund when available both of which are authorized by the South Carolina Community Economic Development Act of 2000. Energy Saves Program (October 2014 December 2015) in 2014, SCACED secured \$75,000 in renewal grant funding from the Emily Hall Tremaine Foundation to promote the expansion of residential energy efficiency programs in South Carolina communities. The South Carolina Energy Saves Program is a community-based, stakeholder-driven initiative designed to advocate, educate and demonstrate the value of and need for energy efficiency retrofits and continue to make the case for increased financing capital for weatherization in low-to-moderate income communities across South Carolina. SCACED will work to make energy efficiency a higher policy priority through advocacy efforts, and the education of key stakeholders as to the benefits of investing in residential energy efficiency projects through our state's certified Community Development Corporations and Community Development Financial Institutions. Advocate - Enact state policies that provide capital for community-based groups to implement residential energy efficiency projects for low to moderate individuals and families SCACED successfully advocated to the SC General Assembly for the renewal of the Community Economic Development Act through 2020 (bill # R 48), this renewal makes available the remaining \$2.1 million in grant funding and \$2.7 million in tax credits for investments in certified CDCs and CDFIs Educate- Increase visibility and education around residential energy efficiency in the community economic development industry as well as other sectors in South Carolina SCACED exhibited at the 2015 Palmetto Affordable Housing Forum and engaged with attendees about the SC Energy Saves Program and how the CD Tax Credit can be a financing method for residential energy efficiency SCACED
	exhibited at the 2015 SC Clean Energy Summit and engaged with participants about the power of the CD Tax Credit as a financing mechanism for residential energy efficiency. Program Director Lowell Atkinson published an op-ed in a major regional new spaper that promotes the CD Tax Credit as a method for energy efficiency finance. The op-ed State tax credits can reduce energy costs for struggling communities was published in the Charleston Regional Business Journal on August 10th. SCACED hosted a Community Development Institute training on residential energy efficiency on November 19th. The training entitled Creating Energy Efficiency Homes for Healthy Living was led by Sondra Dickens of The Roanoke Center, and 18 representatives of community-based organizations attended. Demonstrate the effectiveness of community economic development organizations in financing and managing residential energy efficiency programs that reduce energy use and create jobs in low to moderate income communities With successful