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## Return of Organization Exempt From Income Tax

2015

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

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

► Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

B Check if applicable	C Name of organization Municipal Association of South Carolina		D Employer identification number 57-6000743
<input type="checkbox"/> Address change	Doing business as		
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address)		Room/suite
<input type="checkbox"/> Initial return	P O Box 12109		
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code		
<input type="checkbox"/> Amended return	Columbia, SC 29211		
<input type="checkbox"/> Application pending	F Name and address of principal officer Miriam Hair same as C above		G Gross receipts \$ 17,271,226
I Tax-exempt status	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c) ( 4 ) ► (insert no)	<input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
J Website	► <a href="http://www.masc.sc">www.masc.sc</a>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K Form of organization	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Association	<input type="checkbox"/> Other ►	If "No," attach a list (see instructions)
			H(c) Group exemption number ►

L Year of formation 1939 M State of legal domicile SC

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The Municipal Association of SC is dedicated to the principle of its founding members: to offer the services, programs and tools that will give municipal officials the knowledge, experience and tools for enabling the most efficient and effective operation of their municipalities.		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	60
	6 Total number of volunteers (estimate if necessary)	6	186
	7a Total unrelated business revenue from Part-VIII,-column-(C),-line-12	7a	85,692
	b Net unrelated business taxable income from Form 990-T, line 34 ( )	7b	-0-
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	-0-	-0-
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,521,556	9,091,211
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	213,150	456,804
12 Total revenue—add lines 8 through 11 (must equal Part VIII,-column-(A),-line 12)	408,311	224,377	
	9,143,017	9,772,392	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-0-	5,000
	14 Benefits paid to or for members (Part IX, column (A), line 4)	-0-	-0-
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,377,040	5,891,163
	16a Professional fundraising fees (Part IX, column (A), line 11e)	-0-	-0-
	b Total fundraising expenses (Part IX, column (D), line 25) ►		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,052,864	3,518,042
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,429,904	9,414,205
	19 Revenue less expenses. Subtract line 18 from line 12	713,113	358,187
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	16,458,647	18,088,326
21 Total liabilities (Part X, line 26)	1,399,157	10,837,748	
22 Net assets or fund balances. Subtract line 21 from line 20	15,059,490	7,250,578	

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer <i>Miriam Hair</i>	Date 11/14/16
	Type or print name and title Miriam Hair, Executive Director	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			
	Firm's address ►	Phone no			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2015)

18 6.27

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 

1 Briefly describe the organization's mission:

The Municipal Association of South Carolina represents and serves the state's 270 incorporated municipalities. The Association is dedicated to the principle of its founding members: to offer the services, programs and tools that will give municipal officials the knowledge, experience and tools for enabling the most efficient and effective operation of their municipalities in the complex world of municipal government.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 3,780,200 including grants of \$ -0- ) (Revenue \$ 810,286 )

**EDUCATION:** The Association sponsors training and education opportunities through general and specialized interest meetings, training institutes, communications/publications, achievement awards, field services and sponsorship of 11 affiliate groups. The Association provides ongoing support for the following affiliate groups: SC Business Licensing Officials Association, SC Utility Billing Association, SC Community Development Association, Municipal Finance Officers, Clerks and Treasurers Association, Municipal Human Resources Association, SC Municipal Attorneys Association, SC Association of Stormwater Managers, Municipal Technology Association of SC, SC Association of Municipal Power Systems, Municipal Court Administration Association of SC and the Association of SC Mayors. See Schedule O for program details and accomplishments.

4b (Code: ) (Expenses \$ 2,739,680 including grants of \$ -0- ) (Revenue \$ 2,843,369 )

**RISK MANAGEMENT AND INSURANCE SERVICES:** The Association manages four insurance programs including two self-funded insurance programs, an insurance agency and an OPEB trust. Services provided include: workers compensation insurance, property and liability insurance, placement of ancillary policies and an Other Retiree Benefits Trust. These products are provided within separate related companies (see Schedule R) with the management of the programs provided by the Association. In addition, the Association's Risk Management Services (RMS) staff helps program members build effective safety programs to lower their insurance costs through reduction of claims. RMS also assists members through written programs/standards, audits and inspections, technical assistance, training sessions, online training courses, safety grants, a newsletter and other resources. Further information on the individual programs is provided in Schedule O.

4c (Code: ) (Expenses \$ 1,364,226 including grants of \$ 5,000 ) (Revenue \$ -0- )

**ADVOCACY:** Cities and towns work together to advocate the role of strong cities as a critical part of the state's competitiveness. The Association produces a variety of information tools that support hometown voices in their efforts to communicate with residents, business leaders, the news media and policy makers. These efforts include regional advocacy meetings, lobbying efforts, Hometown Legislative Action Day, and newsletters (daily, weekly and monthly). See Schedule O for program details and accomplishments.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 1,014,478 including grants of \$ ) (Revenue \$ 5,437,556 )

4e Total program service expenses ► \$8,898,584

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
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 ✓	
2 Is the organization required to complete Schedule B, <i>Schedule of Contributors</i> (see instructions)?	2 ✓	
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 ✓	
4 <b>Section 501(c)(3) organizations.</b> 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	
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 ✓	
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 ✓	
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 ✓	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 ✓	
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 ✓	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 ✓	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a ✓	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b ✓	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c ✓	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d ✓	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
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 ✓	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a ✓	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b ✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 ✓	
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a ✓	
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 ✓	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 ✓	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16 ✓	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17 ✓	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 ✓	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 ✓	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a	✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	21	✓
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	✓
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? If "Yes," complete Schedule J . . . . .	23	✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a . . . . .	24a	✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a	✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b	✓
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	✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27	✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28a	✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28b	✓
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28c	✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	✓
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	✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33	✓
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	✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	35a	✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	
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	✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	✓

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	59
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	-0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	60
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	✓
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	✓
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
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 did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	7a	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>10 Section 501(c)(7) organizations.</b> Enter:	10a	
a Initiation fees and capital contributions included on Part VIII, line 12	10b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11 Section 501(c)(12) organizations.</b> Enter:	11a	
a Gross income from members or shareholders	11b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12a	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12b	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
a Is the organization licensed to issue qualified health plans in more than one state?		
<i>Note. See the instructions for additional information the organization must report on Schedule O.</i>		
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	13b	
c Enter the amount of reserves on hand	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year. **1a** 18  
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.

1b Enter the number of voting members included in line 1a, above, who are independent. **1b** 18

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**

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**

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4**

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5**

6 Did the organization have members or stockholders? **6**

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **7a**

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **7b**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: **8a**   
**8b**

a The governing body? **8a**

b Each committee with authority to act on behalf of the governing body? **8b**

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**

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates? **10a**   
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**   
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a**

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 **12b**   
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12c**

13 Did the organization have a written whistleblower policy? **13**

14 Did the organization have a written document retention and destruction policy? **14**

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? **15a**   
a The organization's CEO, Executive Director, or top management official **15b**   
b Other officers or key employees of the organization  
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). **16a**   
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**

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
**Stephanie O'Cain, Chief Financial Officer, 1411 Gervais Street, Columbia SC 29201 803.933.1234**

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

 Check if Schedule O contains a response or note to any line in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- 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) Average hours per week (list any hours for related organizations below dotted line)	(C) 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-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(1) Welborn Adams Board Member	1	✓					0	0	0
(2) Dick Cronin Board Member/3rd VP	1	✓		✓			0	0	0
(3) Bobby Davis Board Member	1	✓					0	0	0
(4) Ed Driggers Board Member	1	✓					0	0	0
(5) Sandra Gantt Board Member	1	✓					0	0	0
(6) Charlene Herring Board Member	1	✓					0	0	0
(7) Dwayne Howell Board Member	1	✓					0	0	0
(8) Cornelius Huff Board Member	1	✓					0	0	0
(9) Mark Johnson Board Member	1	✓					0	0	0
(10) Billy Keyserling Board Member	1	✓					0	0	0
(11) Alys Lawson Board Member/1st VP/President	1	✓		✓			0	0	0
(12) Joe Lee Board Member	1	✓					0	0	0
(13) Joseph McElveen, Jr. Board Member/Past President	1	✓		✓			0	0	0
(14) Kathy Pender Board Member	1	✓					0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) 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-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) Elise Partin	1								
Board Member/3rd VP/2nd VP/1st VP		✓	✓				0	0	0
(16) Sheryl Patrick	1		✓						
Board Member		✓					0	0	0
(17) Dennis Raines	1								
Board Member		✓					0	0	0
(18) Terence Roberts	1								
Board Member/President/Past President		✓	✓				0	0	0
(19) Norman Scarborough	1								
Board Member		✓					0	0	0
(20) Jack Scoville	1								
Board Member		✓					0	0	0
(21) Harold Thompson	1								
Board Member		✓					0	0	0
(22) Knox White	1								
Board Member		✓					0	0	0
(23) Octavia Williams-Blake	1								
Board Member/3rd VP/2nd VP		✓	✓				0	0	0
(24) Gerald Wright	1								
Board Member		✓					0	0	0
(25) Bill Young	1								
Board Member/2nd VP/1st VP/President		✓	✓				0	0	0
<b>1b Sub-total</b>							0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>							1,574,683	0	259,917
<b>d Total (add lines 1b and 1c)</b>							1,574,683	0	259,917

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 13

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	✓
4 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	4	✓
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	✓

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
VC3 Inc.; 1301 Gervais St Suite 1800, Columbia, SC 29201	Info Tech Consulting	447,529
Patrick DeMouy; PO Box 23406, Columbia, SC 29224	Collection Prog Consultant	140,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 2

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) 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-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(26) Miriam Hair	40			✓			280,789	0	36,288
Executive Director									
(27) Stephanie O'Cain	40			✓			140,354	0	30,782
Chief Financial Officer									
(28) Reba Campbell	40				✓		190,594	0	28,007
Deputy Executive Director									
(29) Eric Budds	40				✓		183,972	0	32,550
Deputy Executive Director									
(30) Heather Ricard	40				✓		183,665	0	28,017
Director Risk Management Services									
(31) Tigerron Wells	40					✓	130,221	0	15,690
Government Affairs Liaison									
(32) Scott Statton	40					✓	127,160	0	20,249
Legislative/Public Policy Advocate									
(33) Melissa Carter	40					✓	122,751	0	25,892
Research/Legislative Liaison									
(34) Mary Brantner	40					✓	109,034	0	19,809
Communications Manager									
(35) Virginia Butler	40					✓	106,143	0	22,633
Business Systems Analyst									
(36)									
<b>1b Sub-total . . . . .</b>						►	1,574,683	0	259,917
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>						►	0	0	0
<b>d Total (add lines 1b and 1c) . . . . .</b>						►	1,574,683	0	259,917

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	3	
4 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 . . . . .	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .	5	

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

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

## **Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts		1a	-0-				
	b	1b	-0-				
	c	1c	-0-				
	d	1d	-0-				
	e	1e	-0-				
	f	1f					
	g						
	h	Total. Add lines 1a-1f	-0-	-0-			
Program Service Revenue			Business Code				
	2a	Collection services	900099	4,797,460	4,797,460		
	b	Risk management services	900099	2,843,369	2,843,369		
	c	Education	900099	810,286	810,286		
	d	Member dues	900099	544,032	544,032		
	e	Information services	900099	96,064	96,064		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		9,091,211			
	3	Investment income (including dividends, interest, and other similar amounts)		235,555	-0-	33	235,522
	4	Income from investment of tax-exempt bond proceeds		-0-	-0-	-0-	-0-
	5	Royalties		-0-	-0-	-0-	-0-
	6a	Gross rents	(i) Real 150	(ii) Personal -0-			
	b	Less: rental expenses	-0-	-0-			
	c	Rental income or (loss)	150	-0-			
	d	Net rental income or (loss)		150	-0-	-0-	150
	7a	Gross amount from sales of assets other than inventory	(i) Securities 7,715,483	(ii) Other 4,600			
	b	Less: cost or other basis and sales expenses	7,495,562	3,272			
	c	Gain or (loss)	219,921	1,328			
	d	Net gain or (loss)		221,249	26,346	-0-	194,903
Other Revenue	8a	Gross income from fundraising events (not including \$ -0- of contributions reported on line 1c). See Part IV, line 18	a	-0-			
	b	Less: direct expenses	b	-0-			
	c	Net income or (loss) from fundraising events		-0-	-0-	-0-	-0-
	9a	Gross income from gaming activities. See Part IV, line 19	a	-0-			
	b	Less: direct expenses	b	-0-			
	c	Net income or (loss) from gaming activities		-0-	-0-	-0-	-0-
	10a	Gross sales of inventory, less returns and allowances	a	-0-			
	b	Less: cost of goods sold	b	-0-			
	c	Net income or (loss) from sales of inventory		-0-	-0-	-0-	-0-
		Miscellaneous Revenue	Business Code				
	11a	Gervais Street Associates	531120	113,786	-0-	15,855	97,931
	b	Municipal Insurance Services	524298	69,804	-0-	69,804	-0-
	c	Risk Mgmt Services-return of surplus	524298	17,600	17,600	-0-	-0-
	d	All other revenue		23,037	5,000	-0-	18,037
	e	Total. Add lines 11a-11d		224,227			
	12	Total revenue. See instructions.		9,772,392	9,140,157	85,692	546,543

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX **Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,000	5,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	-0-	-0-		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	-0-	-0-		
4 Benefits paid to or for members	-0-	-0-		
5 Compensation of current officers, directors, trustees, and key employees	-0-	-0-		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,131,622	1,080,908	50,714	-0-
7 Other salaries and wages	-0-	-0-	-0-	-0-
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,436,466	3,282,461	154,005	-0-
9 Other employee benefits	394,527	376,846	17,681	-0-
10 Payroll taxes	601,695	574,730	26,965	-0-
11 Fees for services (non-employees):	326,853	312,205	14,648	-0-
a Management	-0-	-0-	-0-	-0-
b Legal	94,263	68,937	25,326	-0-
c Accounting	16,581	-0-	16,581	-0-
d Lobbying	64,912	64,912	-0-	-0-
e Professional fundraising services See Part IV, line 17	-0-			-0-
f Investment management fees	15,621	1,765	13,856	-0-
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	374,872	365,080	9,792	-0-
12 Advertising and promotion	13,974	13,897	77	-0-
13 Office expenses	207,056	164,927	42,129	-0-
14 Information technology	309,350	289,566	19,784	-0-
15 Royalties	-0-	-0-	-0-	-0-
16 Occupancy	554,955	544,760	10,195	-0-
17 Travel	157,180	146,004	11,176	-0-
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	7,434	-0-	7,434	-0-
19 Conferences, conventions, and meetings	612,899	590,329	22,570	-0-
20 Interest	-0-	-0-	-0-	-0-
21 Payments to affiliates	-0-	-0-	-0-	-0-
22 Depreciation, depletion, and amortization	231,508	222,301	9,207	-0-
23 Insurance	28,126	625	27,501	-0-
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.)				
a GASB 68 change in pension	421,371	402,487	18,884	-0-
b Printing	153,974	153,805	169	-0-
c Software/Hardware Maintenance	150,013	135,202	14,811	-0-
d Entity Organizational Dues	35,851	35,815	36	-0-
e All other expenses Other Expenses	68,102	66,022	2,080	-0-
25 Total functional expenses. Add lines 1 through 24e	9,414,205	8,898,584	515,621	-0-
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	200	1
	2 Savings and temporary cash investments	3,902,954	2
	3 Pledges and grants receivable, net	-0-	3
	4 Accounts receivable, net	27,371	4
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	-0-	-0-
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	-0-	-0-
	7 Notes and loans receivable, net	-0-	6
	8 Inventories for sale or use	-0-	7
	9 Prepaid expenses and deferred charges	-0-	8
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,100,716	10b 3,742,624
	b Less: accumulated depreciation	441,711	10c 358,092
	11 Investments—publicly traded securities	6,685,311	11
	12 Investments—other securities. See Part IV, line 11	5,192,179	12
	13 Investments—program-related. See Part IV, line 11	-0-	13
	14 Intangible assets	-0-	14
	15 Other assets. See Part IV, line 11	135,323	15
	16 Total assets. Add lines 1 through 15 (must equal line 34)	16,458,647	16
Liabilities	17 Accounts payable and accrued expenses	882,043	17
	18 Grants payable	-0-	18
	19 Deferred revenue	513,181	19
	20 Tax-exempt bond liabilities	-0-	20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	3,933	21
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	-0-	22
	23 Secured mortgages and notes payable to unrelated third parties	-0-	23
	24 Unsecured notes and loans payable to unrelated third parties	-0-	24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	-0-	25
	26 Total liabilities. Add lines 17 through 25	1,399,157	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	15,059,490	27
	28 Temporarily restricted net assets	-0-	28
	29 Permanently restricted net assets	-0-	29
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	15,059,490	33
	34 Total liabilities and net assets/fund balances	16,458,647	34

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,772,392
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,414,205
3	Revenue less expenses. Subtract line 2 from line 1	3	358,187
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,059,490
5	Net unrealized gains (losses) on investments	5	(517,277)
6	Donated services and use of facilities	6	-0-
7	Investment expenses	7	-0-
8	Prior period adjustments	8	(7,649,822)
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-0-
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,250,578

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?   
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant?   
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 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?   
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   
3b 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.

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
3b		

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**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.

► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**Open to Public  
Inspection

Name of the organization

Employer identification number

Municipal Association of South Carolina

57-6000743

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<sup>*</sup> Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$
(ii) Assets included in Form 990, Part X . . . . . ► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$
b Assets included in Form 990, Part X . . . . . ► \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation 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 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

1b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

2b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Temporarily restricted endowment ► \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
b Buildings					
c Leasehold improvements			101,867	54,498	47,369
d Equipment			125,181	72,080	53,101
e Other			3,873,668	3,616,046	257,622

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ► 358,092

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	4,337,032	Cost
(3) Other		
(A) Investment in VC3, Inc.	820,221	Cost
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►</b>	<b>5,157,253</b>	

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Portfolio designated for economic development grants	2,322,121	End-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►</b>	<b>2,322,121</b>	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Other post employment benefit asset	718,993
(2) Receivable from municipalities	269,512
(3) Due from related parties	199,552
(4) Accrued investment income	10,974
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►</b>	<b>1,199,031</b>

**Part X Other Liabilities.**

Complete if the organization answered "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
(1) Federal income taxes	
(2) Pension liability	8,891,777
(3) Deferred inflows-pension	453,377
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►</b>	<b>9,345,154</b>

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	9,197,769
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments . . . . .	2a	(517,277)
b	Donated services and use of facilities . . . . .	2b	-0-
c	Recoveries of prior year grants . . . . .	2c	-0-
d	Other (Describe in Part XIII.) . . . . .	2d	-0-
e	Add lines 2a through 2d . . . . .	2e	(517,277)
3	Subtract line 2e from line 1 . . . . .	3	9,715,046
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	47,346
b	Other (Describe in Part XIII.) . . . . .	4b	10,000
c	Add lines 4a and 4b . . . . .	4c	57,346
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .	5	9,772,392

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	9,356,859
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities . . . . .	2a	-0-
b	Prior year adjustments . . . . .	2b	-0-
c	Other losses . . . . .	2c	-0-
d	Other (Describe in Part XIII.) . . . . .	2d	-0-
e	Add lines 2a through 2d . . . . .	2e	-0-
3	Subtract line 2e from line 1 . . . . .	3	9,356,859
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	47,346
b	Other (Describe in Part XIII.) . . . . .	4b	10,000
c	Add lines 4a and 4b . . . . .	4c	57,346
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .	5	9,414,205

**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.

**Part IV Line 2b: The Association manages SC Downtown Development Association (SCDDA), a 501(c)(3) organization. Due to a decrease in**

**funding sources and an increase in banking costs, the Municipal Association agreed to hold the funds of this organization in a custodial relationship. The Association has clearly identified the funds that belong to SCDDA and only charges the account for legitimate SCDDA expenses.**

**Part XI Line 4b: The Association received \$10,000 as an administrative fee from Municipal Insurance Services, a disregarded entity. This fee was eliminated in consolidation for GAAP reporting but is included in gross revenues on Part VIII.**

**Part XII Line 4b: Municipal Insurance Services, a disregarded entity, paid a \$10,000 administrative fee to the Association. This fee was eliminated in consolidation for GAAP reporting, but is included in gross expenses on Part IX.**

**SCHEDULE J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

Municipal Association of South Carolina

Employer identification number

57-6000743

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

	Yes	No
1b	✓	
2	✓	

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

4a	✓
4b	✓
4c	✓

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?  
**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

5a	✓
5b	✓

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?  
**b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

6a	✓
6b	✓

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

7	✓
8	✓

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Miriam Hair / Executive Director	269,468	0	11,321	30,154	6,134	317,077	0
2 Stephanie O'Cain / CFO	141,500	0	(1,146)	16,104	14,678	171,136	0
3 Reba Campbell / Deputy Exec Dir	184,069	0	0	0	0	0	0
4 Eric Budds / Deputy Exec Dir	181,578	0	2,394	20,504	12,046	216,522	0
5 Heather Ricard / Director RMS	177,761	0	5,904	20,085	7,932	211,682	0
6	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0
8	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0
10	0	0	0	0	0	0	0
11	0	0	0	0	0	0	0
12	0	0	0	0	0	0	0
13	0	0	0	0	0	0	0
14	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0
16	0	0	0	0	0	0	0

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**Part I Line 1a (1) Travel for companions: The Association's travel policy states:** "When it is in the best interest of the Association or circumstances warrant the attendance of an employee's spouse along with the employee at an official function, the Association will reimburse all official expenses in the same manner as provided for the employee. The Executive Director must approve travel by an employee's spouse prior to expenses being incurred." Travel is provided for board member companions and listed persons in Part VII of 990 for certain meetings. None of this is treated as taxable compensation.

**Part I Line 1a (2) Health club dues:** Dues for health clubs are reimbursed for all employees up to a \$35 per month maximum and only if the employee meets certain wellness initiative criteria. Reimbursed amounts are included as taxable compensation in employee's Form W-2 at year end. Part VII Section A listed individuals receiving this benefit in 2015 were: Reba Campbell, Eric Budds, Virginia Butler, and Tigerron Wells.

**Part I Line 1b: The Association has an accountable plan requiring substantiation of all business expenses incurred on behalf of the Municipal Association of South Carolina.**

**Part I Line 3: Determination of Executive Director compensation is further described in Schedule O as related to Part VI, Line 15a of Form 990.**

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization  
Municipal Association of South Carolina

Employer identification number  
57-6000743

See attached document. The taxpayer has elected to attach a Word document with Schedule O information to ease readability

**SCHEDULE R**  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047
<b>2015</b>
Open to Public Inspection

Name of the organization  
Employer identification number

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Municipal Insurance Services, LLC, EIN 20-3272748 PO Box 12109, Columbia, SC 29211	Ancillary policy placement South Carolina		\$69,837	\$43,263	Muni Assn of SC
(2) .....					
(3) .....					
(4) .....					
(5) .....					
(6) .....					
(7) .....					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Yes	No					
(1) SC Municipal Insurance & Risk Financing Fund EIN 57-0918119 PO Box 12109, Columbia, SC 29211	Self-insured prop/lab	South Carolina	Section 115		N/A	✓
(2) SC Municipal Insurance Trust EIN 57-0876698 PO Box 12109, Columbia, SC 29211	Self-insured work comp	South Carolina	Section 115		N/A	✓
(3) SC Other Retirement Benefits Employer Trust EIN 26-6660520 PO Box 12109, Columbia, SC 29211	Empl retirement benefit	South Carolina	Section 115		N/A	✓
(4) SC Association of Municipal Power Systems EIN 57-0758243 PO Box 12109, Columbia, SC 29211	Power systems assoc	South Carolina	501(c)(6)		N/A	✓
(5) SC Downtown Development Association EIN 57-0756647 PO Box 12109, Columbia, SC 29211	Downtown Development	South Carolina	501(c)(3)	Line 9	N/A	✓
(6) .....						
(7) .....						

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

Cat. No 50135Y

Schedule R (Form 990) 2015

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V – UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
									Yes	No	
(1) Gervais St Assoc 58-2388679 PO Box 12109, Columbia SC	SC	Muni Assn SC	Excluded 512-514	\$191,220	\$4,364,377	✓			N/A	✓	50%
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?		(k) Percentage ownership
								Yes	No	
(1) NOT APPLICABLE										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Gervais Street Associates-rent paid by Municipal Association of SC to Gervais Street Associates	k	\$563,419	Actual rent paid
(2) Gervais Street Associates-distribution of profit to partners	s	\$150,000	Actual distribution received
(3)			
(4)			
(5)			
(6)			

**Part VI      Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
									Yes	No	
(1) NOT APPLICABLE											
(2) .....											
(3) .....											
(4) .....											
(5) .....											
(6) .....											
(7) .....											
(8) .....											
(9) .....											
(10) .....											
(11) .....											
(12) .....											
(13) .....											
(14) .....											
(15) .....											
(16) .....											

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

**Part III Line 1: The Municipal Association of South Carolina is temporarily allocated 100% of the GAAP profits of Gervais Street Associates**

**until all losses previously absorbed by the Association have been recouped. When this is completed, proportionate allocation of profits will resume with distribution based on capital investment percentages for all three partners.**

**Part V Line 1(j): Related entities South Carolina Municipal Insurance Trust, South Carolina Insurance and Risk Financing Fund and South**

**Carolina Other Retirement Benefits Employer Trust pay rent to the Municipal Association. Rent is allocated based on square footage occupied and is included in the administrative fee paid to the Association.**

**Part V Line 1(k): The Municipal Association leases facilities from Gervais Street Associates.**

**Part V Line 1(l): The Association performs services for all entities listed in Schedule R Part II. The risk management entities (listed on lines 1 through 3 of Part II) reimburse the Association for direct staffing costs as well as support services through payment of administrative fees.**

**The SC Association of Municipal Power Systems pays an administrative fee for support services but is not allocated rent or staffing costs**

**The SC Downtown Development Association is currently inactive and does not pay an administrative fee to the Association.**

**Part V Line 1(m): For the period January-June of 2015, the Association obtained property insurance from South Carolina Insurance and**

**Risk Financing Fund and workers compensation insurance from South Carolina Municipal Insurance Trust. As of July 1, 2015, insurance is being obtained through the independent commercial market.**

**Part V Line 1(s): The Association received a distribution from Gervais Street Associates in 2015. The distribution received was based on the**

**Association's 50% ownership percentage**