Form **990**

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 7/1/2015 , and ending 6/30/2016

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: South Carolina Tobacco-Free Collaborative

Doing business as:

Number and street (or P O box if mail is not delivered to street address): P.O. Box 8173

Room/suite:

City or town: Columbia

State: SC

ZIP code: 29202

Foreign country name / Foreign province/state/county / Foreign postal code:

D Employer identification number: 04-3608956

E Telephone number: 803-251-0130

G Gross receipts $: 648,855

F Name and address of principal officer: Megan Hicks 2711 Middleburg Drive, Suite 302, Columbia, SC 29204

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www smokefreesc.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2001

M State of legal domicile: SC

Part I Summary

1	Briefly describe the organization's mission or most significant activities: The South Carolina Tobacco-Free Collaborative serves as a forum and voice for tobacco control in SC promoting a coordinated effort among its member organizations to prevent tobacco use and its consequences.		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	589,429	628,224
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,735	20,631
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	605,164	648,855
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	52,500	481,549
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)	388,123	86,193
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	160,685	91,444
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	601,308	659,186
19	Revenue less expenses. Subtract line 18 from line 12	3,856	-10,331

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	84,720	133,517
21	Total liabilities (Part X, line 26)	10,335	69,463
22	Net assets or fund balances. Subtract line 21 from line 20	74,385	64,054

SCANNED DEC 12 2016

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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: Megan Hicks — Date: 11/8/16

Type or print name and title: Megan Hicks — Executive Director

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
Natalie J O'Bradovich, CPA	Natalie O'Bradovich	10/28/2016		P00046614

Firm's name ▶ Lamplighter Accounting, LLC — Firm's EIN ▶ 45-2230259

Firm's address ▶ 3612 Old Lamplighter Road, Columbia, SC 29206 — Phone no 803-730-3360

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

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form **990** (2015)