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DLN: 93493054006217

2015

OMB No 1545-0047

2015
Open to Public

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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

Inspection

Interna	al Reve	enue Servic	e					znopection
A F	or the	2015 cal	endar year, or tax year beginnin	g 09-01-2015 , and ending 08-31-201	6			
B Ch	eck if a	pplicable	C Name of organization SOUTH CAROLINA EDUCATION ASSO	CIATION		D Emple	oyer ide	entification number
☐ Ac	ldress o	change	300 111 0/11(012)11/1200 /11/201 /1330			57-0	27527	5
_	ame ch	-	Doing business as					
<u> </u>	ıtıal reti	tum						
Fi	nai /temina	ated		all is not delivered to street address) Room/sui	te	E Teleph	one num	iber
Am	nended	return	421 ZIMALCREST DRIVE			(803	772-6	5553
ПАр	plication	n pending	City or town, state or province, cour COLUMBIA, SC 29210	ntry, and ZIP or foreign postal code				
			COLOMBIA, SC 29210			G Gross	receipts	\$ 2,065,418
			F Name and address of princip	pal officer	H(a)	 Is this a group	returr	ı for
			BERNADETTE HAMPTON 421 ZIMALCREST DRIVE			subordinates?	1	☐ Yes 🗸
			COLUMBIA, SC 29210		U/h)	No Are all subord	ınates	
I Ta	x-exem	npt status	501(c)(3) √ 501(c)(6) ◄	(insert no) 4947(a)(1) or 527		included?	mates	⊤Yes
1 W	eheit e	a- b- \\/\\/	W THESCEA ORG			If "No," attacl	n a list	(see instructions)
	CDSICC				H(c)	Group exemp	tion nu	mber ▶
K For	n of org	ganızatıon	Corporation Trust 🗸 Associa	tion Other ►	L Yea	r of formation 1	968 M	State of legal domicile SC
Pa	rt I	Sum						
F.C.			cribe the organization's mission	or most significant activities				
			TE FOR QUALITY PUBLIC ED					
e .								
e E	_							
Governance	3	Chack the	s box •	continued its operations or disposed of	of mora t	han 3 E % of it	c not a	coats
Ž	_	CHECK LIII	s box In the organization of	scontinued its operations or disposed o	n more t	.11411 23% 01 10	S HEL a	ssets
	3 1	Numbero	f voting members of the governi	ng body (Part VI, line 1a)			з	23
Activities &				of the governing body (Part VI, line 1b)			4	23
Ĕ			·	alendar year 2015 (Part V, line 2a)			5	25
Ę.				ecessary)			6	0
⋖			•	art VIII, column (C), line 12			7a	0
				m Form 990-T, line 34			7b	
				,	Ť	Prior Year	175	Current Year
	8	Contril	outions and grants (Part VIII II	ne 1 h)		2,096	783	2,047,602
<u>a</u> i	9		- · · · · · · · · · · · · · · · · · · ·	ne 2g)		2,050	0	2,047,002
Rəvenue		10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)						1,191
Ę	11			lines 5, 6d, 8c, 9c, 10c, and 11e)			,140	16,625
	12			(must equal Part VIII, column (A), line	<u>, </u>			
	12	12)	evenue add mies o through 11	(mase equal rate viri, column (xy, me		2,115	,923	2,065,418
	13	Grants	and similar amounts paid (Part	IX, column (A), lines 1-3)		10	,000	0
	14	Benefit	s paid to or for members (Part I	X, column (A), line 4)				0
	15	Salarıe					0	•
Expenses		5-10)	s, other compensation, employe	ee benefits (Part IX, column (A), lines		1 3 2 7	-	
Æ		,		ee benefits (Part IX, column (A), lines		1,327	,017	1,239,717
- 2-	16a	,				1,327	-	
ā	16a b	Profes		column (A), line 11e)		1,327	,017	1,239,717
Δ		P rofes Total fui	sional fundraising fees (Part IX,	column (A), line 11e)		1,327	,017	1,239,717
ā	ь	P rofes Total ful O ther	sional fundraising fees (Part IX, ndraising expenses (Part IX, column (D expenses (Part IX, column (A),	column (A), line 11e)			,017	1,239,717 0
	b 17	Profes Total ful Other	sional fundraising fees (Part IX, ndraising expenses (Part IX, column (D expenses (Part IX, column (A), expenses Add lines 13–17 (mu	ee benefits (Part IX, column (A), lines column (A), line 11e)		820 2,157	,017	1,239,717 0 899,979
	b 17 18	Profes Total ful Other	sional fundraising fees (Part IX, ndraising expenses (Part IX, column (D expenses (Part IX, column (A), expenses Add lines 13–17 (mu	ee benefits (Part IX, column (A), lines column (A), line 11e)		820 2,157	,017 0 ,414 ,431 ,508	1,239,717 0 899,979 2,139,696
	b 17 18 19	Profes Total fur O ther Total e	sional fundraising fees (Part IX, ndraising expenses (Part IX, column (D expenses (Part IX, column (A), expenses Add lines 13–17 (musue less expenses Subtract line	ee benefits (Part IX, column (A), lines column (A), line 11e)), line 25) \(\bigsim^0\) lines 11a-11d, 11f-24e) st equal Part IX, column (A), line 25) 18 from line 12		820 2,157 -41 ning of Current	,017 0 ,414 ,431 ,508 Year	1,239,717 0 899,979 2,139,696 -74,278 End of Year
	b 17 18 19	Profes Total fun O ther Total e Revenu	sional fundraising fees (Part IX, ndraising expenses (Part IX, column (Dexpenses (Part IX, column (A), expenses Add lines 13–17 (musue less expenses Subtract line	ee benefits (Part IX, column (A), lines column (A), line 11e)), line 25) ▶0 lines 11a-11d, 11f-24e) st equal Part IX, column (A), line 25) 18 from line 12		820 2,157 -41 ning of Current 2,099	,017 0 ,414 ,431 ,508 Year	1,239,717 0 899,979 2,139,696 -74,278 End of Year 2,113,971
	b 17 18 19 20 21	Profes Total fun Other Total e Reveni	sional fundraising fees (Part IX, ndraising expenses (Part IX, column (D) expenses (Part IX, column (A), expenses Add lines 13–17 (multiple less expenses Subtract line less expenses (Part X, line 16)	ee benefits (Part IX, column (A), lines column (A), line 11e)), line 25) lines 11a-11d, 11f-24e) st equal Part IX, column (A), line 25) 18 from line 12		820 2,157 -41 ning of Current 2,099 1,039	,017 0 ,414 ,431 ,508 Year ,732 ,145	1,239,717 0 899,979 2,139,696 -74,278 End of Year 2,113,971 1,127,662
Net Assets or Fund Balances	b 17 18 19 20 21 22	Profes Total ful Other Total e Reveni Total a Total I Net as	sional fundraising fees (Part IX, ordraising expenses (Part IX, column (Dexpenses (Part IX, column (A), expenses Add lines 13–17 (musue less expenses Subtract line assets (Part X, line 16)	ee benefits (Part IX, column (A), lines column (A), line 11e)), line 25) lines 11a-11d, 11f-24e) st equal Part IX, column (A), line 25) 18 from line 12		820 2,157 -41 ning of Current 2,099	,017 0 ,414 ,431 ,508 Year ,732 ,145	1,239,717 0 899,979 2,139,696 -74,278 End of Year 2,113,971
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Net Assets or and Balances	b 17 18 19 20 21 22 t III	Profes Total fur Other Total a Revenue Total I Net as Signal	sional fundraising fees (Part IX, normal fundraising expenses (Part IX, column (D) expenses (Part IX, column (A), expenses Add lines 13–17 (musue less expenses Subtract line assets (Part X, line 16)	ee benefits (Part IX, column (A), lines column (A), line 11e)), line 25) ▶0 lines 11a-11d, 11f-24e) st equal Part IX, column (A), line 25) 18 from line 12	Beginn	820 2,157 -41 ning of Current 2,099 1,039 1,060 edules and st	,017 0 ,414 ,431 ,508 Year ,732 ,145 ,587	1,239,717 0 899,979 2,139,696 -74,278 End of Year 2,113,971 1,127,662 986,309
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Firm's address ▶ POST OFFICE BOX 135

COLUMBIA, SC 29202

Use Only

Phone no (803) 787-0003

	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? ${\bf 2}$	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? <i>If "Yes," complete Schedule C, Part I</i>	3		No
	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		
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	Yes	
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
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts $VIII$, $VIII$, III ,			
	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 2	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 3	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	Yes	
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		No
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	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
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $\$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than $$15,000$ of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^7$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
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		No
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		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		

Pa	rt IV Checklist of Required Schedules (continued)		
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," 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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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?

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

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

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Nο

Nο

Nο

Nο

Nο

Νo

Νo

Νo

Νo

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28b

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35a

35b

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Yes

Form 990 (2015)

Yes

Par	t V	Statements Regarding Other IRS Filings and Tax Compliance		N/			_
		Check if Schedule O contains a response or note to any line in this	Part	<u> </u>		Yes	· No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	23		103	110
b	Enter	the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1 b	0			
c		ے ne organization comply with backup withholding rules for reportable payments to ng (gambling) winnings to prize winners?	vend	lors and reportable	1 c	Yes	
2a	-	the number of employees reported on Form W-3, Transmittal of Wage and	· ·			1 03	
	Tax S	tatements, filed for the calendar year ending with or within the year covered s return	2a	25			
b		east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b		No
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during	g the y	/ear?	3a		Νo
b	If "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	on in S	Schedule O	3b		
4a	over,	y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc int)?			4 a		No
b		s," enter the name of the foreign country	and I	Financial Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		No
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
6a		the organization have annual gross receipts that are normally greater than \$10			5c 6a		No
b	If"Ye	ization solicit any contributions that were not tax deductible as charitable cont s," did the organization include with every solicitation an express statement the			6 b		
7		not tax deductible?			OD		
	Did th	ne organization receive a payment in excess of \$75 made partly as a contribution receive a payor?		d partly for goods and	7a		
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pi	rovide	d?	7 b		
c		e organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	•	which it was required to	7 c		
d	If"Ye	s," indicate the number of Forms 8282 filed during the year \dots	7d				
e	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	nal be	enefit contract?	7f		
g	If the requir	organization received a contribution of qualified intellectual property, did the o	rganız • •	ation file Form 8899 as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	, did 1	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus g the year?	siness	s holdings at any time	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 49667			9a		
		ne sponsoring organization make a distribution to a donor, donor advisor, or rela		erson?	9b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11	Section	on 501(c)(12) organizations. Enter					
		s income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11 b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b	If"Ye year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
	addıtı	e organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ot e. S	ee the instructions for	13a		
	in whi	the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
c	Enter	the amount of reserves on hand	13 c				
		e organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explana	tıon ın	Schedule O	14b		

orm	990 (2015)			Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, 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		Ob belo	w,
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 23			
	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 23			
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
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		No
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		No
8	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?	8 b	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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? . 10a Yes **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b Yes affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 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 Νo **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Did the organization have a written whistleblower policy? 13 13 Nο Did the organization have a written document retention and destruction policy? . . . 14 Νo Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . 15a Nο ${f b}$ Other officers or key employees of the organization 15b Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

Se	ction C. Disc	losure										
17	List the States	with which	асору	of this	Form	990	ıs	required	to l	be '	filedi	<u> </u>

		SC
18	Section 6104 requires an organization to make its Form 1023 (or 1024 i	fapplicable), 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)
- 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
- O State the name, address, and telephone number of the person who possesses the organization's books and records
 ►CATHY LARSON 421 ZIMALCREST DRIVE COLUMBIA, SC 29210 (803) 772-6553

Νo

16a

16b

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bo rect	note bo th a or/t	chec x, unle n offic rustee	ess er	(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	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) PATRICIA DRUMMOND	1 00										
MEMBER		×		X				0	0	(
(2) TODD KNIGHT	1 00										
MEMBER		×		X				0	0	(
(3) JOYCE ARGO	1 00										
MEMBER		X		X				0	0	(
(4) PETER LAUZON	1 00										
MEMBER		×						0	0	(
(5) VICKY HENSLEY	1 00										
MEMBER		×						0	0	(
(6) LISA G HAWKINS	1 00										
MEMBER		×						0	0	(
(7) STEPHANIE JOHNSON	1 00										
MEMBER		×						0	0	(
(8) MONICA JENKINS SHELL MEMBER	1 00	x						0	0	(
(9) DENA R SHARPER MEMBER	1 00	x						0	0	(
(10) EMILY KOHN	1 00										
MEMBER		×						0	0	(
(11) HARTFORD WRIGHT	1 00										
MEMBER		×						0	0	(
(12) BERNADETTE HAMPTON PRESIDENT	40 00			x				103,615	0	(
(13) SHERRY EAST VICE PRESIDENT	1 00			×				0	0	(
(14) ROGER SMITH EXECUTIVE DIRECTOR	40 00					x		124,467	0	(
		<u> </u>									

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

(A) Name and Title	(B) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the organization and
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	related organizations
1b Sub-Total						>				
c Total from continuation sheet d Total (add lines 1b and 1c) .				<u> </u>	•	· •		228,082	0	0

- Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 2
- - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
 - 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
- 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 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

Yes

3

4

No

Nο

Νo

Νo

Section B. Independent Contractors

3

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

(B) Description of services	(C) Compensation
_	

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

Form 99								Page 9
Part V	***	Statement o	f Revenue					
		Check If Schedu	ile O contains a respon	se or note to any li	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
(0	1a	Federated camp	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	es 1b	1 ,298,957				
Gra	c	·	ents 1c					
ß.								
Gif ilar	d	_	ations 1d					
i, s	e	Government grants	s (contributions) 1e					
tior sr S	f	All other contribution	ons, gifts, grants, and 1f	748,645				
ig ig	g		ons included in lines					
a d O	9	1a-1f \$						
Co an	h	Total. Add lines	s 1a-1f	· · · •	2,047,602			
<u>ı</u>				Business Code				
Program Service Revenue	2a							
å	ь							
<u>5</u>	C							
<u>₹</u>	d							
Ξ	e							
gra	f	A II other progra	m service revenue					
Ě	g	Total. Add lines	l s 2a – 2f	>				
	3		ome (including dividenc					
			aramounts)		1,191	1,191		
	4		tment of tax-exempt bond p	· · · .				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	16,625	(II) Personal				
			·					
	Ь	Less rental expenses	0					
	c	Rental income or (loss)	16,625					
	d	Net rental incor	me or (loss)		16,625	16,625		
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	b c	Less cost or other basis and sales expenses Gain or (loss)						
	d		s)					
enne	8 a	Gross income fi	rom fundraising	,				
Other Revenue		See Part IV, lin	а					
5	l	•	penses b loss) from fundraising e	wonts				
			rom gaming activities	events •				
	ь	Less direct ex	penses b					
	l	•	loss) from gaming activ	rities				
			г	•				
	10a	Gross sales of returns and allo						
	b c		loss) from sales of inve					
	44.	Miscellaneous	s Kevenue	Business Code				
	11a							
	b							
	C	All other rese						
	d e	All other revenu	ue [s 11a–11d	•				
	12	rotal revenue.	See Instructions	· · · •	2,065,418	17,816	0	0

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Part	IX Statement of Functional Expenses				
ectio	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns	A II other organiza	ations must com	nplete column (A)	
	Check if Schedule O contains a response or note to any line in	this Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	932,247			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits	307,470			
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	254,404			
c	Accounting	21,468			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	11,377			
14	Information technology				
15	Royalties				
16	Occupancy	3,600			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	55,624			
23	Insurance	10,587			
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	PRINTING AND PUBLICATIO	100,267			
b	GENERAL	73,176			
c	UTILITIES	56,924			
d	BUILDING MAINTENANCE	52,901			
e	A II other expenses	259,651			
25	Total functional expenses. Add lines 1 through 24e	2,139,696			
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 Tif following SOP 98-2 (ASC 958-720)	,,,,,,,,			

Par	t X	Balance Sheet						
		Check if Schedule O contains a response or note to any lin	e in thi	s Part :	x			
						(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			•	1,320,988	1	1,319,442
	2	Savings and temporary cash investments				341,319	2	342,936
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net	Accounts receivable, net				4	54,302
	5	Loans and other receivables from current and former offickey employees, and highest compensated employees. Conscient Schedule L		5				
Assets	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of second voluntary employees' beneficiary organizations (see institution of schedule L						
SS (l _						6	
¥	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use				45.047	8	24.005
	9	Prepaid expenses and deferred charges		•		15,047	9	34,295
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		1,764,823			
	b	Less accumulated depreciation	10b		1,401,827	376,362	10c	362,996
	11	Investments—publicly traded securities					11	
	12	Investments—other securities See Part IV, line 11					12	
	13	Investments—program-related See Part IV, line 11 .					13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11					15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)				2,099,732	16	2,113,971
	17	Accounts payable and accrued expenses				487,324	17	546,354
	18	Grants payable					18	
	19	Deferred revenue				77,279	19	76,052
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability Complete Part IV o	fSched	lule D			21	
abilities	22		Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ē		persons Complete Part II of Schedule L					22	
∺	23	Secured mortgages and notes payable to unrelated third	parties				23	
	24	Unsecured notes and loans payable to unrelated third par	rties				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	o relate	d third	parties,			
				•	•	474,542	25	505,256
	26	Total liabilities.Add lines 17 through 25			•	1,039,145	26	1,127,662
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check her lines 27 through 29, and lines 33 and 34.	re ► [√ and o	complete			
<u>a</u>	27	Unrestricted net assets				1,060,587	27	986,309
မ္မ	28	Temporarily restricted net assets					28	
2	29	Permanently restricted net assets					29	
r Fu		Organizations that do not follow SFAS 117 (ASC 958), ch	eck he	re 🕨 [and			
5 OF		complete lines 30 through 34.						
Net Assets	30	Capital stock or trust principal, or current funds					30	
As:	31	Paid-in or capital surplus, or land, building or equipment f					31	
et	32	Retained earnings, endowment, accumulated income, or o		nas		4 000 507	32	000 000
Z	33	Total habilities and not accept found halances			•	1,060,587	33	986,309
	34	Total liabilities and net assets/fund balances	• •	• •	•	2,099,732	34	2,113,971 Form 990 (2015)

2,065,418

2,139,696

-74,278

1,060,587

Reconcilliation of Net Assets

	Check if Schedule O contains a resp
1	Total revenue (must equal Part VIII, colum

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Revenue less expenses Subtract line 2 from line 1

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . Net unrealized gains (losses) on investments

Donated services and use of facilities .

Other changes in net assets or fund balances (explain in Schedule O) . Part XIII Financial Statements and Reporting

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, Check if Schedule O contains a response or note to any line in this Part XII

Cash ✓ Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

1

2

3

4

5

2a

2b

2c

3a

3b

986,309

Yes

Yes

Yes

☑

No

Νo

Nο

Form 990 (2015)

n (A), line 12)

Total expenses (must equal Part IX, column (A), line 25) . . .

DLN: 93493054006217

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2015
Open to Public Inspection

Internal Revenue
Service

Service

Treasury

Activities 2 or Form 200 F7 Port V line 46 (Political Compaign Activities)

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

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

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

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

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

• :	Section 501(c)(4), (5), or (6) orga	anizations Complete Part III			
	me of the organization JTH CAROLINA EDUCATION ASSOCIATIO	ON .		Employer ider	ntification number
500	STIT CANOLINA EDUCATION ASSOCIATIO	21 v		57-0275275	
Par	t I-A Complete if the or	ganization is exempt under	section 501(c		
1	Provide a description of the ord	ganization's direct and indirect polition	cal campaign acti	vities in Part IV	
2	Political expenditures	ga <u></u>		•	\$
3	Volunteer hours			·	¥ <u></u>
Par	t I-B Complete if the or	ganization is exempt under	section 501(c	:)(3).	
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955	>	\$
2	Enter the amount of any excise	e tax incurred by organization manage	ers under section	4955 ▶	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No
4 a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 50)1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	t function activities 🕨	\$
2	Enter the amount of the filing o exempt function activities	organization's funds contributed to ot	her organızatıons	for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 1120	0-POL, line 17b ►	\$
4	Did the filing organization file F	orm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments f amount of political contribution	nd employer identification number (E) For each organization listed, enter the ns received that were promptly and d political action committee (PAC) If	e amount paid fro irectly delivered t	m the filing organization's to a separate political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					

P	art II-	A	Complete if the organization is exempt under section $501(c)(3)$ and file under section $501(h)$.	ed Form 5768	(election
	Check	•	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated groexpenses, and share of excess lobbying expenditures)	oup member's name	e, address, EIN,
	Check	•	If the filing organization checked box A and "limited control" provisions apply		
				/-\ E:::	/L \ A661:-44

	Limits on Lobb	pox A and "limited control" provisions apply bying Expenditures heans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public	opinion (grass roots		•
b	lobbying) Total lobbying expenditures to influence a legis			
c	Total lobbying expenditures (add lines 1a and	1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	1c and 1d)		
f				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of I	ine 1f)		
h	Subtract line 1g from line 1a If zero or less, er	ter -0 -		
i	Subtract line 1f from line 1c If zero or less, en	ter - 0 -		
j	If there is an amount other than zero on either reporting section 4911 tax for this year?	line 1h or line 1i, did the organization file Form 4720		
j		line 1h or line 1i, did the organization file Form 4720	No	

	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)											
	Lobbying Expenditures During 4-Year Averaging Period											
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c)2014	(d)2015	(e) Total						
2a	Lobbying nontaxable amount											
b	Lobbying ceiling amount (150% of line 2a, column(e))											
c	Total lobbying expenditures											
d	Grassroots nontaxable amount											
e	Grassroots ceiling amount (150% of line 2d, column (e))											
f	Grassroots lobbying expenditures											
			·	Sche	dule C (Form 990	or 990-EZ) 2015						

Return Reference

filed Form 5768 (election under section 501(h)).	(a)	(b)	
or each "Yes" response on lines 1a through 11 below, provide in Part IV a detailed description of the lobbying ctivity	Yes	No _	Amount	t
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum through the use of				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total Add lines 1c through 1i				
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912		L		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		L		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Complete if the organization is exempt under section $501(c)(4)$, se $501(c)(6)$.	ction 501 (c	:)(5), o	r section	n
Complete if the organization is exempt under section 501(c)(4), se 501(c)(6).	ction 501 (c		Yes	No
Complete if the organization is exempt under section 501(c)(4), se 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	ction 501(c		Yes	No
Complete if the organization is exempt under section 501(c)(4), se 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	ction 501 (c	<u> </u>	Yes 1 2	No No
Complete if the organization is exempt under section 501(c)(4), se 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?	•		Yes 1 2 3	No No No
Complete if the organization is exempt under section 501(c)(4), se 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	ction 501(c	2)(5), 01	Yes 1 2 3 r section	No No No
Complete if the organization is exempt under section 501(c)(4), se 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer.	ction 501(c	2)(5), 01	Yes 1 2 3 r section	No No No No
Complete if the organization is exempt under section 501(c)(4), se 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answeline 3, is answered "Yes."	ction 501(cered "No" (2)(5), 01	Yes 1 2 3 r section Part III-,	No No No No 1 A ,
Complete if the organization is exempt under section 501(c)(4), se 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answelline 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	ction 501(cered "No" (2)(5), 01	Yes 1 2 3 r section Part III-,	No No No No 1 A ,
Complete if the organization is exempt under section 501(c)(4), se 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answelline 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ction 501(cered "No" (2)(5), 01	Yes 1 2 3 r section Part III-, 1,298	No No No No A,
Complete if the organization is exempt under section 501(c)(4), se 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answelline 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	ction 501(cered "No" (cered "Cered "No" (cered "No" (c	2)(5), 01	Yes 1 2 3 3 r section 2 1,298 28	No No No No No A, 3,957
Complete if the organization is exempt under section 501(c)(4), se 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answeline 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	ction 501(cered "No" (cered "Cered "No" (cered "Cered "No" (cered "Cered "No" (cered "Cered "No" (cered "No" (cere	2)(5), 01	Yes 1 2 3 3 r section 2 1,298 28	No No No No No A, 3,957
Complete if the organization is exempt under section 501(c)(4), se 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answelline 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	ction 501(cered "No" (cered "No" (cered "No" (cered "Do" (cered "No" (cered "Do" (cered "No" (cered "N	2)(5), 01	Yes 1 2 3 3 r section 2 1,298 28	No No No No A, 3,957
Complete if the organization is exempt under section 501(c)(4), se 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answelline 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenses for the section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenses for the section 162(e) dues Carryover from last year Carryover from last year Carryover from last year Carryover from last year	ction 501(cered "No" (cered "Cered "No" (cered "Cered "No" (cered "Cered "Cere	2)(5), 01	Yes 1 2 3 3 3 4 7 section Part III-7 2 8 28 5 9	No No No No

Explanation

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

SCHEDULE D (Form 990)

Department of the

Treasury

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 <u>www.irs.gov/form990</u>.

DLN: 93493054006217 OMB No 1545-0047

Open to Public Inspection

Intern	al Revenue Service	` '		Ziiopeetioii
	ne of the organization TH CAROLINA EDUCATION ASSOCIATION			oyer identification number
Da	rt I Organizations Maintaining Dono	r Advised Funds or Other Similar F		275275
ΓŒ	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 6.	unus	Accounts.
		(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 funds are the organization's property, subject to		nor advis	sed Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or for a	ny othei	r purpose Yes No
Pai	t II Conservation Easements. Comple	ete if the organization answered "Yes" (on Forn	<u>1 990, Part IV, line 7.</u>
1	Purpose(s) of conservation easements held by the	he organization (check all that apply)		
	Preservation of land for public use (e g , recreducation)		an histor	ically important land area
	Protection of natural habitat	Preservation of a	certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in	the form	of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme	ents	2b	
c	Number of conservation easements on a certified	d historic structure included in (a)	2c	
d	Number of conservation easements included in (historic structure listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or terminat	ed by th	e organization during the
	tax year ▶			
4	Number of states where property subject to cons	ervation easement is located >		
5	Does the organization have a written policy regard violations, and enforcement of the conservation of		dling of	□ Yes □ No
6	Staff and volunteer hours devoted to monitoring, year		ing cons	
	>			
_	A mount of expenses incurred in monitoring, insp	ecting, handling of violations, and enforcing o	onserva	ition easements during the vear
7	▶ \$,
8	Does each conservation easement reported on Ii (B)(i) and section $170(h)(4)(B)(ii)$?	ne 2(d) above satisfy the requirements of se	ction 17	0(h)(4) Yes No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation early	t of the footnote to the organization's financia		se statement, and
Par		ctions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	er Similar Assets.
1a	If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	FAS 116 (ASC 958), not to report in its rever assets held for public exhibition, education,	or resea	arch in furtherance of public
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide the following amounts relating to	FAS 116 (ASC 958), to report in its revenue r assets held for public exhibition, education,	stateme	ent and balance sheet

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

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of Ar	t, Hi	stori	cal 1	Γrea	sures, o	r Oth	ner Similar A	sse	ts
3		the organization's acquisition, accetion items (check all that apply)	ession, and other reco	rds, c	heck a	iny of	f the f	ollowing th	iat are	a significant us	e of	ıts
а	☐ F	Public exhibition		d	Г	Loa	nore	exchange p	rogra	ms		
b		Scholarly research		e	Г	0 th	ner					
c	┌ F	Preservation for future generations										
4	Provid Part X	le a description of the organization's III	s collections and expl	aın ho	w they	furth	ner th	e organiza	tıon's	exempt purpose	ın	
5		g the year, did the organization solid s to be sold to raise funds rather the								ımılar 🗆 Ye :	5	□No
Pai	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part	IV, I	ine 9, or	repo	rted an amour	nt or	n Form 990,
1a		organization an agent, trustee, cus ed on Form 990, Part X?	todian or other interm	ediar	y for co	ontrib	ution	s or other	asset	s not	5	☐ No
b	If"	Yes," explain the arrangement in Pa	art XIII and complete	the fo	llowing	ı tabl	le		Γ	Am	ount	:
c		inning balance							1c			
d	_	ditions during the year							1d			
e		tributions during the year							1e			
f		ling balance							1f			
2a		e organization include an amount o	n Form 990, Part X, III	ne 21,	, for es	crow	orcu	stodial acc	count	liability? Ye :	5	□ No
b	If"Ye	s," explain the arrangement in Part	XIII Check here if th	e exp	lanatio	n ha	s hee	n provided	ın Pa	rt XIII		🗆
Pa	rt V	Endowment Funds. Comple										
		·	(a)Current year		nor yea			Two years ba	i_	Three years back		Four years back
1a	Begin	ning of year balance										
b	Contr	ributions										
c	Net ir losse	nvestment earnings, gains, and s										
d	Grant	s or scholarships										
e		expenditures for facilities rograms										
f	A d m II	nistrative expenses										
g	End o	f year balance										
2	Provid	le the estimated percentage of the	current vear end balar	ice (li	ne 1a.	colui	mn (a)) held as				
а		designated or quasi-endowment	,	(57			,,				
b		nent endowment >										
c		orarily restricted endowment >										
·		ercentages on lines 2a, 2b, and 2c	should equal 100%									
3а		ere endowment funds not in the pos ization by	ssession of the organi	zation	that a	re he	ld an	d administ	ered f	or the		Yes No
	(i) uni	related organizations								38	(i)	
		lated organizations								-	(ii)	
b		s" on 3a(II), are the related organiz	·				? .		•		3b	
4 Det	rt VI	tibe in Part XIII the intended uses of Land, Buildings, and Equip		naown	nent tu	nas						
L		Complete if the organization a		orm 9	990, P	art I	V, lır	ne 11a.Se	ee Fo	rm 990, Part X	(, lır	ne 10.
		Description of property				(a) other b	oasis	(b) Cost or othe (other	r basıs	Accumulated		(d)Book value
1a	Land							•	23,305		\top	23,305
b	Building	gs							79,566	<u> </u>	47	221,819
c	Leaseh	old improvements										
d	Equipm	ent						5	61,952	444,0	80	117,872

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

362,996

(including name of cocurity)	/	(b)Book value	(c)Method of valuation
(including name of security) (1)Financial derivatives			Cost or end-of-year market valu
(2)Closely-held equity interests			
(3)O ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related.	d Wast on Farm 000	Dort IV June 11c	
Complete if the organization answered (a) Description of investment	a Yes on Form 990	(b) Book value	ee Form 990, Part X, line 13. (c) Method of valuation
			Cost or end-of-year market valu
	•		
	on answered 'Yes' on F	Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization	on answered 'Yes' on F	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organization	on answered 'Yes' on F	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organization	on answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organization	on answered 'Yes' on F	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organization	on answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organization	on answered 'Yes' on F	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organization	on answered 'Yes' on F	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organization	on answered 'Yes' on F	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organization	on answered 'Yes' on F	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organization (a) Described in the organization (a) Described in the organization (b) Described in the organization (c) Described in the organization (a) Described in the organization (b) Described in the organization (c) Described in the or	on answered 'Yes' on F		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Assets. Complete if the organization (a) Described (a) Described (b) Described (b) Described (b) Described (c) Described (c	on answered 'Yes' on Fription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.	on answered 'Yes' on Fription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability	on answered 'Yes' on Fription 15) Janization answered		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	on answered 'Yes' on Fription 15) anization answered (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	on answered 'Yes' on Fription 15) Janization answered		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED LEAVE TIME	on answered 'Yes' on Fription 15) anization answered (b) Book value	Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED LEAVE TIME ACCRUED EMPLOYEE MEDICAL INSURANCE	15) ganization answered (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED LEAVE TIME ACCRUED EMPLOYEE MEDICAL INSURANCE SCREA REST LIFE MEMBERSHIP	15) ganization answered (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED LEAVE TIME ACCRUED EMPLOYEE MEDICAL INSURANCE SCREA REST LIFE MEMBERSHIP SCREA PROGRAM FUNDS	15) ganization answered (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED LEAVE TIME ACCRUED EMPLOYEE MEDICAL INSURANCE SCREA REST LIFE MEMBERSHIP SCREA PROGRAM FUNDS JP COATES	(b) Book value 138,5 66,3 164,3 31,7 88,7		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED LEAVE TIME ACCRUED EMPLOYEE MEDICAL INSURANCE SCREA REST LIFE MEMBERSHIP SCREA PROGRAM FUNDS JP COATES RETIREMENT	(b) Book value 138,5 66,3 164,3 31,7 88,7		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED LEAVE TIME ACCRUED EMPLOYEE MEDICAL INSURANCE SCREA REST LIFE MEMBERSHIP SCREA PROGRAM FUNDS JP COATES RETIREMENT	(b) Book value 138,5 66,3 164,3 31,7 88,7		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes ACCRUED LEAVE TIME ACCRUED EMPLOYEE MEDICAL INSURANCE SCREA REST LIFE MEMBERSHIP SCREA PROGRAM FUNDS JP COATES RETIREMENT	(b) Book value 138,5 66,3 164,3 31,7 88,7		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.	(b) Book value 138,5 66,3 164,3 31,7 88,7	01 01 09 78 84 83	(b) Book value

Schedule D (Form 990) 2015

1

2

information

ADJUSTMENTS

Return Reference

PART XI. LINE 4B - OTHER

2,065,418

d	Other (Describe in Part XIII).............2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,065,4
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) 4b		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,065,4
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per Retu	r n.
1	Total expenses and losses per audited financial statements	1	2,139,69
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,139,69
4	Amounts included on Form 990, Part IX, line 25, 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 4a and 4b	4c	
C		5	2,139,69

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

PRIOR YEAR DUES ADJUSTMENT

Explanation

2a

2b

2c

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

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . .

Donated services and use of facilities .

Recoveries of prior year grants .

Schedule D (Form 990) 2015		Page 5			
Part XIII Supplemental Information (continued)					
Return Reference	Explanation				

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and O
Governments a
Complete if the organiza

Treasury

Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

DLN: 93493054006217

Open to Public Inspection

Name of the organization							Employer identification number	
SOUTH CAROLINA EDUCATION ASSOCIATION						57-0275275		
Part I General Information	n on Grants and	d Assistance						
 Does the organization maintain r the selection criteria used to aw Describe in Part IV the organiza 	ard the grants or as	sıstance?			5	tance, and	√ Yes	
Part II Grants and Other Assista that received more than \$				plete if the organization	answered "Yes" on Fo	orm 990, Part IV, line 21	l, for an y recipient	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran	
2 Enter total number of section 503 Enter total number of other organ	. , . ,	5				· · · · -		

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

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

► Attach to Form 990.

(Form 990)

Noncash Contributions

OMB No 1545-0047 2015

DLN: 93493054006217

Open to Public

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Department of the Inspection Treasury Internal Revenue Service **Employer identification number** Name of the organization SOUTH CAROLINA EDUCATION ASSOCIATION 57-0275275 Types of Property Part I (a) (b) (c) (d) Check Number of contributions Noncash contribution Method of determining ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line **1** g 1 Art—Works of art . . . 2 Art—Historical treasures **3** Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles . . Boats and planes . . . Intellectual property . . . Securities-Publicly traded . 10 Securities—Closely held stock Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures **14** Qualified conservation contribution—Other . . 15 Real estate—Residential . 16 Real estate—Commercial . Real estate—Other . . **18** Collectibles **19** Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . . . Scientific specimens . . 24 Archeological artifacts . . **25** Other ▶ (Х 0 QUOTED PRICES 1 ADVERTISING) **26** Other ▶ (27 Other ► (___ 28 Other ▶ (_ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Νo b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Νo

b If "Yes," describe in Part II

describe in Part II

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

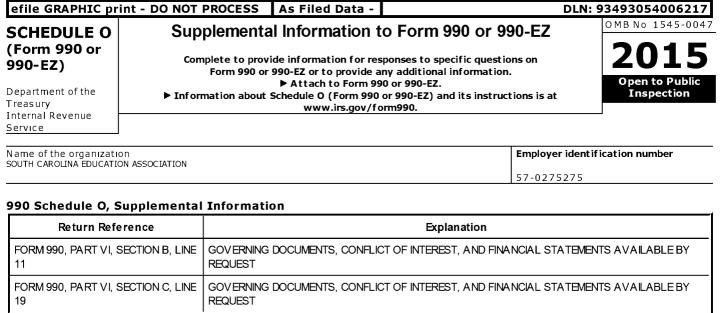
32a

Νo

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation



990 Schedule O, Supplemental Information

AUDITOR

Return Reference

XII LINE 2C

,	CONFERENCE AND MEETINGS 45,750 AUTO EXPENSE 44,232 MEMBERSHIP 38,520 TELEPHONE 28,100 CONFERENCE AND CONVENTIONS 24,534 CHANGE IN ACCRUED LEAVE LIABILITY 24,527 TRAINING AND CERTIFICATION 18,410 LEASE EXPENSE 18,392 POSTAGE 6,363 EXECUTIVE DIRECTORS OFFICE 5,735 BUSINESS EXP 5,088
FORM 990 PART	THE ORGANIZATION HAS AN ESTABLISHED AUDIT COMMITTEE TO PROVIDE OVERSIGHT FOR THE INDEPENDENT

Explanation