Fo	990 m	1			ganization Exempt		ncome Ta	X	OMB No 1545-0047	. 2
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\ <u>A</u>					7/01/19 , and ending		20	D Emplo	yer identification number	9
B	Check if applicable	C Name of	organization SC GO	VERN	OR'S SCHOOL FOR TH ITIES FOUNDATION	LE ARTS		D Emplo	yer identification number	ೞ
	Address change	Doing by	Siness as	OMAIN	IIIES FOUNDATION			57-	0794878	22
X	Name change	T	and street (or P O box if mail is	not deliv	ered to street address)		Room/suite	E Teleph	one number	.0
	Initial return		NIVERSITY ST		 			864	-282-1570	<u>~</u>
	Final retum/ terminated	i '	wn, state or province, country, a	ind ZIP o					1 200 E20	ì
	Amended return		ENVILLE Ind address of principal officer		SC 29601			G Gross r	eceipts\$ 1,280,520	
$\overline{\Box}$	Application pending		HELLE WILLIA	MS			H(a) Is this a gr	oup return fo	or subordinates Yes X No	∞
			UNIVERSITY S				H(b) Are all sul	bordinates i	ncluded? Yes No	\sim
			ENVILLE	_	SC 29601		If "No.	," attach a l	st (see instructions)	
1	Tax-exempt status		01(c)(3) 501(c) ().◀	(insert no) 4947(a)(1) or	527/03				
197	Website > W	WW.GS	SAFOUNDATION	.NE			H(c) Group exe		nber ►	
	Form of organization			ciation	Other >	<u> </u>	Year of formation 1	985	M State of legal domicile SC	:
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a)	1		e organization's mission of				ENTER DV T	NODE:	CTMC	
jč	1				RTISTICALLY TALENT UES TO ENSURE EXCE		• **	-		
Governance			•		HIGH SCHOOL FOR T			IIION	5	
946	2 Check th	-	of the organization dis	contini	red its operations or disposed o	f more than	25% of its net a	reets		
ಲ *	1	_	nembers of the governing	a bodv	ued its operations or disposed of (Part VI, line 1a)	RE	CEIVED	3	17	
es		_	•	•	verning body (Part VI, line 1b)	1	, , , , , , , , , , , , , , , , , , ,	8 4	17	_
Activities	5 Total nur	mber of in	dividuals employed in cal	endar	year 2019 (Part V, line 2a)	MAL IS	N 2 5 2021	9 5	4	
Act	6 Total nur	mber of vo	lunteers (estimate if nec	essary)	"		<u> </u>	0	
~	👣 7a Total unr		siness revenue from Part			OG	DEN, UT	7a		
		lated busi	ness taxable income fron	n Form	990-T, line 39		Prior Ye	<u></u>	Current Year	
evenue. D	II. II. 8 Contribut	tions and	grants (Part VIII, line 1h)					3,982		•
Ž	9 Program		evenue (Part VIII, line 2g))					0	
6	10 Investme	ent income	(Part VIII, column (A), lii	nes 3,	4, and 7d)		10!	5,877	120,568	
ď	11 Other rev	venue (Pa	rt VIII, column (A), lines 5	5, 6d, 8	sc, 9c, 10c, and 11e)			6,50 <i>6</i>	*	
	1				al Part VIII, column (A), line 12)		1,25		•	
Č	ATI		amounts paid (Part IX, c				250	0,801	473,165	
10		-	for members (Part IX, co		A), line 4) Part IX, column (A), lines 5–10	1	204	4,143	249,665	
xpenses	16aProfession		aising fees (Part IX, colur		• • •	,			213,003	
je De	b Total fun		xpenses (Part IX, column			94		HUHUHU		İ
×	17 Other ex	_	art IX, column (A), lines		•		218	8,747	436,803	_
	18 Total exp	enses A	dd lines 13-17 (must equ	al Parl	IX, column (A), line 25)			3,691		
	19 Revenue	less expe	enses Subtract line 18 fro	om line	. 12			2,674		
	20 Total ass	oto (Part	V line 16)				Beginning of Cu		End of Year 6,951,882	
	21 Total liab							1,058	· · · · · · · · · · · · · · · · · · ·	
		•	balances Subtract line 2	21 from	line 20		6,780			
~ ~ ¥F		gnature			-					
	Inder penalties of	perjury, I d	eclare that I have examined		urn, including accompanying sched				my knowledge and belief, it is	
	ue, correct, and c	omplete D	eclaration of preparer (othe	r than c	fficer) is based on all information o	of which prepa	irer has any know	ledge		
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. [≮] He	 -		ELLE WILLIAM name and title	. <u>S</u>		PVEC	JTIVE DI	RECI	JR	
147	Print/Type	e preparer's			Preparer's signature	<u> </u>	Date	Chec	ck T f PTIN	i
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For	Paperwork Red	uction Act	Notice, see the separate i	ınstruc	tions.				Form 990 (2019),	~)

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	_	rvice Accomplishments	ie Dart III	
Briefly describe the or		ns a response or note to any line in th	is rail III	<u></u> _
WE SERVE SOU AWARENESS AN	ITH CAROLINA ID RAISING R	'S ARTISTICALLY TALENTE EVENUES TO ENSURE EXCEI TIAL SCHOOL FOR THE ART	LENCE IN OUR NATI	
prior Form 990 or 990		at program services during the year which were	not listed on the	Yes X No
Did the organization of services?	ease conducting, or ma	ake significant changes in how it conducts, any i	orogram	Yes X No
Describe the organiza expenses Section 50	1(c)(3) and 501(c)(4) o	accomplishments for each of its three largest pring anications are required to report the amount of ach program service reported	-	
SCHOLARSHIPS TRANSFORMING THE SCHOOLS	FOR FINANCE OPPORTUNITE GUEST ARTIS		DEVELOPMENT FOR	SUPPORT FO
	xpenses \$	including grants of \$) (Revenue \$)
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No

Yes

Part IV Checklist of Required Schedu	iles
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- Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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
- 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
- Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III
- 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V
- 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
 - 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
 - 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
- 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
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII
 - 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
- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - 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
- 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
- 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
- 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)
- 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
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

	res	NO
1	x	
<u> </u>	-21	X
2_		
3_		х
4		X
5		X
6		х
7		х
8		X
9		х
10	x	
11a	х	
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		x
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20b		
21	х	
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<u></u>	art IV Checklist of Required Schedules (continued)					
22	Did the acceptation report more than \$5,000 of greate or other acceptance to or for demostic indus-	uduale d	on.		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	viduais (OH	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	•				<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compe					
	employees? If "Yes," complete Schedule J			23		x
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," answ		24b			
	through 24d and complete Schedule K If "No," go to line 25a			24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period except			24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during	g the ye	ar			
	to defease any tax-exempt bonds?			24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the y			24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an	excess	benefit			7.7
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified pers					
	year, and that the transaction has not been reported on any of the organization's prior Forms 990	or 990-	EZ/	256		x
26	If "Yes," complete Schedule L, Part I		rent	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35	-	men			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director,		kev	20	<u> </u>	
	employee, creator or founder, substantial contributor or employee thereof, a grant selection common and the selection com					
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of					İ
	persons? If "Yes," complete Schedule L, Part III			27		X
28	Was the organization a party to a business transaction with one of the following parties (see Scho	edule L,	Part	-2- Y-	~ ~ ~ . ~1) _11.	
	IV instructions, for applicable filing thresholds, conditions, and exceptions)			7 mm 1376 m		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial conf	ributor?	' If			
	"Yes," complete Schedule L, Part IV			28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 3	28b? <i>If</i>				
	"Yes," complete Schedule L, Part IV			28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Sci		И	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qu	ualified				
	conservation contributions? If "Yes," complete Schedule M			30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete So		N, Part I	31	-	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Y	es,"				x
22	complete Schedule N, Part II	Pogulot	rono.	32		┢┸
33	Did the organization own 100% of an entity disregarded as separate from the organization under sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	Regulat	110115	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R,	Part II	<i>III</i>	33		
J 4	or IV, and Part V, line 1	i dit ii,	,	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction w	/ith a		1		
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V,			35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-ch					
	related organization? If "Yes," complete Schedule R, Part V, line 2			36		X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related of	organiza	tion			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule	R, Part	t VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, Iir	nes 11b	and			ĺ
	19? Note: All Form 990 filers are required to complete Schedule O			38	X	<u> </u>
P	art V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this P	art V				
		1.	1 07	(100 100	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	27	- 1 Agent 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	- ","	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_ <u>1b</u>	0	\$ 15 pm	7. 27	- 15 A
С	Did the organization comply with backup withholding rules for reportable payments to vendors an	a		nálmi.		
	reportable gaming (gambling) winnings to prize winners?		·	1c	X gan	(2019)
DAA				Forr	n IJIJU	/ (2019)

Form 990 (2019) SC GOVERNOR'S SCHOOL FOR THE ARTS 57-0794878 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 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 If "Yes," enter the name of the foreign country b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b X 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a h If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 9b 10 Section 501(c)(7) organizations. Enter-10a Initiation fees and capital contributions included on Part VIII, line 12 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter а Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O 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 Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Form 990 (2019)

15

excess parachute payment(s) during the year?

If "Yes." complete Form 4720, Schedule O

If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form 990 (2019) SC GOVERNOR'S SCHOOL FOR THE ARTS 57-0794878 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 on 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 Ye<u>s</u> No 17 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 on Schedule O 17 1b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 X 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a The governing body? X Each committee with authority to act on behalf of the governing body? 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 1-t_ qq b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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 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 (1024 or 1024-A, 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 X Upon request Other (explain on Schedule O) Describe on 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 ROCHELLE WILLIAMS 15 UNIVERSITY ST

864-282-1570

SC 29601

GREENVILLE

Form 000 (2010) SC	GOVERNOR'S	SCHOOT.	FOR	THE	ARTS	57-	.079487	7 R
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Page 7

Part VIII 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. See instructions for the order in which to list the persons above

X 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	box	k, unle	ss pe	ition more rson	than on is both a or/trustee	าก	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours 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) CEDRIC ADDERLEY										
	0.00								_	
DIRECTOR	0.00	X	_					0	0	0
(2) SUSAN ALLHUSEN	0.00									
DIRECTOR	0.00	x						0	0	0
(3) KAY BISCOPINK	0.00	^		\vdash		 -	_			
(5) Idil Dibeol IIII	0.00									
DIRECTOR	0.00	X						0	0	0
(4) BEN BREAZEALE			ļ							
	0.00									
DIRECTOR	0.00	<u> </u>						0	0	0
(5) TRACIE BROOM										
	0.00								_	
DIRECTOR	0.00	X	ļ	_		\vdash	_	0	0	0
(6) ROBERT CARPENTE										
DIDEGEOR	0.00							0	^	0
DIRECTOR (7) STEPHEN M. COX	0.00	X	 	_		\vdash	-	0	0	<u> </u>
(/)SIEPHEN M. COX	0.00						ı			
DIRECTOR	0.00	x						0	0	o
(8) RUTH EDWARDS	3.00	 	_							
(9,000 200 200000000000000000000000000000	0.00									
DIRECTOR	0.00	X						0	0	0
(9) TERRY GRAYSON-C	APRIO									
	0.00									
CHAIR	0.00	X						0	0	0
(10) JIMMY GULLEDGE							I			
	0.00									
DIRECTOR	0.00	X				\vdash		0	, 0	0
(11) LINDA HANNON	0.00									
DIRECTOR	0.00	x						0	0	_
DIRECTOR	0.00	<u> </u>	L					0	<u> </u>	Form 990 (2019)

Part VII Section A. Officers		_					_	, and Highest Compens		ned)
(A) Name and title	(B) Average hours per week (list any	box	k, unle	Pos heck ess pe	rson	than is both or/trus	n an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	ő	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(12) COURTNEY TOL		RI	NE	SS						
DIRECTOR	0.00	x						0	0	0
(13) NANCY HILLIA		-		\vdash	\vdash				<u> </u>	<u>_</u>
	0.00									
DIRECTOR	0.00	X		ļ	<u> </u>	_		0	0	0
(14) GERALD DAVIS	, JR. 0.00									
DIRECTOR	0.00	x						0	0	0
(15) WILLIAM CRAW										
	0.00							_	_	_
DIRECTOR (16) BOB NACHMAN	0.00	X			_		_	0	0	0
(10) BOB NACHMAN	0.00									
DIRECTOR	0.00	x						0	0	0
(17) CHAD PROSSER										
DIRECTOR	0.00	.								•
DIRECTOR (18) KEVIN SHORT	0.00	X	-		┢	 		0	0	0
(=0) KEVEN BROKE	0.00									
DIRECTOR	0.00	x						0	0	0
(19) BRITTANY TIM							ĺ			
DIRECTOR	0.00	x						o	o	0
1b Subtotal	0.00			I	<u> </u>	1	 		<u> </u>	<u> </u>
c Total from continuation she	eets to Part VII	, Se	ction	ı A			>			
d Total (add lines 1b and 1c)		1		- AL -	1	- 41	<u> </u>		\$400,000 of	
2 Total number of individuals (in reportable compensation from) tho	se II	siea	abo	who received more that	an \$100,000 or	
3 Did the organization list any fo			<i>i</i> -		ر ا		1-		to d	Yes No
employee on line 1a? If "Yes,"	" complete Sche	dule	J fo	r su	ch in	divid	iual			3 X
4 For any individual listed on lin organization and related organ										
individual	riizations greate	ıııa	нфі	30,0	,00,	" '	es,	complete scriedule s for s	Sucii	4 X
5 Did any person listed on line 1 for services rendered to the o	1a receive or ac	crue	con	npen	satio	on fro	om a	any unrelated organization	or individual	oktak kinko kinkok 5 X
Section B. Independent Contract		160,	CUI	пріє	16 S	cried	iuie	J for such person		
1 Complete this table for your fir										
compensation from the organ	(A) business address	omp	ens	ation	1 for	the c	caler I		ithin the organization's tax (B) ition of services	(C) Compensation
Name and	business address						├	Descrip	tion of services	Compensation
							_		_	
2 Total number of independent	contractors (incl	udin	a bu	t not	limi	ted t	C the	nse listed above) who		
received more than \$100,000	of compensatio	n fro	m th	e or	ganı	zatio	n ▶	osc nated above) wito	0	
DAA										Form 990 (2019)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under sections 512-514 1a Federated campaigns 1a 1b b Membership dues 1c c Fundraising events d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1,048,759 1f 40,653 1g Noncash contributions included in lines 1a-1f 1,048,759 h Total. Add lines 1a-1f Program Service Revenue 2a b C d f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 120,568 120,568 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (II) Personal (ı) Real 6a Gross rents 6a 6b **b** Less rental expenses 6c c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securites (II) Other sales of assets 7a other than inventory Other Revenue **b** Less cost or other 7b basis and sales exps c Gain or (loss) 7с d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV. line 18 8a b Less direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 10a returns and allowances 10b b Less cost of goods sold Net income or (loss) from sales of inventory **Business Code** 111,193 111,193 Other Revenue h d All other revenue Total. Add lines 11a-11d 1,280,520 231,761 Total revenue. See instructions

	Check if Schedule O contains a res			(0)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	4=0 46=	450 465		
	and domestic governments. See Part IV, line 21	473,165	473,165		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22			a daichean da dhichean da chaile Tall a daichean dha chailean ach	
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,		40.000		25 22
	trustees, and key employees	100,200	43,200	20,000	37,000
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	121,870	52,290	24,414	45,160
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	27,595	11,866	5,519	10,210
11	Fees for services (nonemployees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 1	7			
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	20,374	14,481		5.893
13	Office expenses	41,783	23,842	12,248	5,893 5,693
14	Information technology	12,703	23,012		3,03.
15	Royalties				
16	Occupancy	14,269	8,811	2,820	2,638
17	Travel	60,238	45,951	1,624	12,663
	Payments of travel or entertainment expenses		13/331	1,021	12/00.
10	for any federal, state, or local public officials	1			
10	•				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			· · · -	
22	Depreciation, depletion, and amortization	E 214	2 242	1 042	1 000
23	Insurance Other average Manager averaged	5,214	2,242	1,043	1,929
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e If			a ka las isa kaj kaj kaj kaj kaj las	
	line 24e amount exceeds 10% of line 25, column				per han had had bed ber an inches bed bed by the second
	(A) amount, list line 24e expenses on Schedule O)				
а	OUTSIDE SERVICES	143,689	105,577	18,171	19,941
b	EVENT COSTS	84,458	47,213	<u> </u>	37,245
С	OTHER	42,569	27,994	14,575	
d	COMPUTER AND SOFTWARE	24,182	14,120	6,646	3,416
е	All other expenses	27		27	
	Total functional expenses. Add lines 1 through 24e	1,159,633	870,752	107,087	181,794
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
DAA	fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				Form 990 (201

TR.	art.	Balance Sheet Check if Schedule O contains a response or note	to an	/ line in this Part X			П
			35 31.		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			694,814	1	901,312
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			48,000	3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or former	office	r, director,			
		trustee, key employee, creator or founder, substantial c	ontribi	utor, or 35%			
		controlled entity or family member of any of these person	ons			5	
	6	Loans and other receivables from other disqualified per	sons (as defined			halve bether halve her her his his his
ţ		under section 4958(f)(1)), and persons described in sec		6			
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other	1		The street of the street was the street of t		
		basis Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	23,986		10c	
	11	Investments—publicly traded securities			6,048,342	11	6,050,570
	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 3	33)		6,791,156		6,951,882
	17	Accounts payable and accrued expenses			11,058	17	1,897
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of			na sana. Tanan andar sanan benaranya sanan sanan sanan	21	
es	22	Loans and other payables to any current or former office					
Liabilities		trustee, key employee, creator or founder, substantial c		utor, or 35%			
jab		controlled entity or family member of any of these person				22	
_	23	Secured mortgages and notes payable to unrelated thir		es ,		23	
	24	Unsecured notes and loans payable to unrelated third p				24	
	25	Other liabilities (including federal income tax, payables					
	ŀ	parties, and other liabilities not included on lines 17-24)	Com	plete Part X			40.000
		of Schedule D			11 050	25	49,000
	26	Total liabilities. Add lines 17 through 25	[ap		11,058	26	50,897
Sa		Organizations that follow FASB ASC 958, check he	re X				ing des ang ing des and in a state of the design of the state of the s
ŭ		and complete lines 27, 28, 32, and 33.					
ala	27	Net assets without donor restrictions			4,758,026		4,878,168
q B	28	Net assets with donor restrictions		. (-1)	2,022,072	28	2,022,817
<u>.</u> 5		Organizations that do not follow FASB ASC 958, ch	eck r	iere 🚩			The state of the s
P.		and complete lines 29 through 33.				Mani	
ts	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equipmen		. 6		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, of	r othe	r tunds	6 700 000	31	6 000 005
Š	32	Total net assets or fund balances			6,780,098		6,900,985
	33	Total liabilities and net assets/fund balances			6,791,156	33	6,951,882

	990 (2019) SC GOVERNOR'S SCHOOL FOR THE ARTS 57-0794878		Page 12
Pa	Reconciliation of Net Assets		<u></u>
	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	1,280,520
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,159,633
3	Revenue less expenses Subtract line 2 from line 1	3	120,887
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,780,098
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		
	32, column (B))	10	6,900,985
Pa	TEXII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		
			Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		
	Schedule O		in begin in iben ben ben bei beiten
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
	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		
b	Were the organization's financial statements audited by an independent accountant?		2b X
	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		The last test to the last test to
	X Separate basis Consolidated basis Both consolidated and separate basis		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c X
	If the organization changed either its oversight process or selection process during the tax year, explain on		
	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?		3a X
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 on Schedule O and describe any steps taken to undergo such audits		3b
			Form 990 (2019

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revênue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

SC GOVERNOR'S SCHOOL FOR THE ARTS

► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

Name of the organization

AND HUMANITIES FOUNDATION

57-0794878

P	art I	Reas	on for Public Charity	Status (All organization	ns must	comple	ete this part.) See instru	ictions.						
				ise it is (For lines 1 through 12										
1	Ň		•	sociation of churches describe		-								
2	П	A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Fo	orm 990 o	r 990-EZ))	0.0						
3	П			rice organization described in s				(X /						
4	H		The state of the s	ed in conjunction with a hospita				ne hospital's name.						
•	ш	city, and stat	-					,						
5		• .		of a college or university owner	d or oper	ated by a	governmental unit described	ın						
٠	Ш	•	section 170(b)(1)(A)(iv). (Complete Part II)											
6			ral, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	H	•	ganization that normally receives a substantial part of its support from a governmental unit or from the general public											
•	ш		cribed in section 170(b)(1)(A)(vi). (Complete Part II)											
8	\Box			170(b)(1)(A)(vi). (Complete Pa	art II)									
9	Н	-		scribed in section 170(b)(1)(A		rated in c	oniunction with a land-grant c	ollege						
Ĭ	ш	-	_	of agriculture (see instructions										
		university	0	,	•	·	,							
10	X	An organizat	tion that normally receives	(1) more than 33 1/3% of its su	pport fror	n contribu	itions, membership fees, and	gross						
		receipts from	activities related to its exe	mpt functions—subject to certa	in except	ions, and	(2) no more than 33 1/3% of	ıts						
				and unrelated business taxable			•							
		-	_	30, 1975 See section 509(a)(
11	\square			exclusively to test for public sa										
12	\sqcup		9	exclusively for the benefit of, t	•			•						
				izations described in section 5 that describes the type of supp										
	_	_	-											
	а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the												
			• • • • •	complete Part IV, Sections A	•	ity of the	directors of trustees of the							
	b	··		upervised or controlled in conn		h its suoi	oorted organization(s), by hav	rina						
	•		• •	rting organization vested in the			• • • • •	-						
				e Part IV, Sections A and C.	•									
	С	Type III	functionally integrated. A	supporting organization opera structions) You must comple				ed with,						
	d		- · · · · ·	ed. A supporting organization of				vation(s)						
	<u> </u>		- -	e organization generally must										
				must complete Part IV, Sect										
	е			ceived a written determination			t is a Type I, Type II, Type III							
	_			on-functionally integrated suppo	orting orga	anization								
	f		mber of supported organiza											
	g		1	he supported organization(s)	T			1 .						
(1)		e of supported	(ii) EIN	(III) Type of organization (described on lines 1–10	1.1	organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see						
	urg	janization		above (see instructions))		ment?	instructions)	instructions)						
					Yes	No	·							
(A)														
\ <i>,</i>														
(B)														
` '														
(C)					1									
/														
(D)														
(-)														
(E)						-								
. ,														
Γota	1													

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

C = -	Alam A Dublia Communicati					' / 	
	tion A. Public Support	4) 6045	(1) 5515	() 6547	100010	1 20010	1 10 7
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		·				
3	The value of services or facilities furnished by a governmental unit to the organization without charge			/			
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			/ammanaman			
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016/	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		X				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	(see instructions)	`		12	
13	First five years. If the Form 990 is for the	e organization's fir	st, second, third, f	fourth, or fifth tax	year as a section t	501(c)(3)	
	organization, check this box and stop he						<u>▶</u> □
Sec	tion C. Computation of Public S	Support Perce	entage				
14	Public support percentage for 2019 (line	6,/column (f) dividi	ed by line 11, colu	mn (f))		14	%
15	Public support percentage from 2018 Sch	edule A, Part II, II	ne 14			15	%_
16a	33 1/3% support test—2019. If the orga	inization did not ch	neck the box on lin	e 13, and line 14	ıs 33 1/3% or mor	ę, check this	
	box and stop here. The organization/qua	alifies as a publicly	supported organi	zation			▶ 🗌
b	33 1/3% support test—2018. If the orga	inization did not ch	neck a box on line	13 or 16a, and lin	ie 15 is 33 1/3% oi	· more, check	_
	this box and stop here. The organization			_			▶ 📋
17a	10%-facts-and-circumstances/test—2	_				`	
	10% or more, and if the organization mee					``	
	Part VI how the organization meets the "f	acts-and-circumst	ances" test. The c	organization qualif	ies as a publicly si	upported \	_
	organization /					\	、 ▶ ∐
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part VI how the organization m	n meets the "facts-	and-circumstance	es" test, check this	s box and stop he	re.	
	supported organization	icolo ine Tacio-atti	a directristances	toot The Organiza	ation qualifies as a	publicity	` ▶ 🗂
18	Private foundation. If the organization d	id not check a box	con line 13 16a 1	16b. 17a. or 17b. o	check this box and	see	- L
. •	instructions /	onoon a box			SON GITO	. 556	▶ □
	, ,					Sahadula A (F	200 == 000 573 2045
	L.				S	cneaule A (Form S	990 or 990-EZ) 2019

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	1,795,745	1,022,569	753,427	973,982	1,048,759	5,594,482
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	131,762	333,322	290,194	282,383	231,761	1,269,422
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,927,507	1,355,891	1,043,621	1,256,365	1,280,520	6,863,904
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b				of items the constant was the set the constant in the set the	n that filters that there are, there is	
8	Public support. (Subtract line 7c from		at bear bed has had the bear bear bear has not been beginn				
<u></u>	line 6)	Totals Milt We Are see 1 and 1 and 1	Control of the second second	dialectoristicism brakeraldis	The last had been been been been	Salta Salta Salta Salta Salta Salta Salta Salta Salta Salta Salta Salta Salta Salta Salta Salta Salta Salta Sa	6,863,904
	etion B. Total Support ndar year (or fiscal year beginning in)	(-) 204 <i>E</i>	(h) 2046	(-) 2047	(4) 0040	(-) 0040	(D. T1-1
9	Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-		1,927,507	1,355,891	1,043,621	1,256,365	1,280,520	6,863,904
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						 -
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	1,927,507	1,355,891	1,043,621	1,256,365	1,280,520	6,863,904
14	First five years. If the Form 990 is for th	=	rst, second, third,	fourth, or fifth tax y	ear as a section 5	501(c)(3)	
	organization, check this box and stop he				_		>
Sec	tion C. Computation of Public S						
15	Public support percentage for 2019 (line	• • •	-	ımn (f))		15	100.00%
<u>16</u>	Public support percentage from 2018 Sch					16	98.56%
	tion D. Computation of Investm						
17	Investment income percentage for 2019	•	•	13, column (f))		17	<u>%</u>
18	Investment income percentage from 2018					18	1 %
19a	33 1/3% support tests—2019. If the org 17 is not more than 33 1/3%, check this b						▶ X
b	33 1/3% support tests—2018. If the org						. —
	line 18 is not more than 33 1/3%, check t	_	_			-	▶
20	Private foundation. If the organization d	lid not check a box	con line 14, 19a, c	or 19b, check this b	box and see instru	ictions	▶

Part IV Supporting

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	_	Yes	No
	ima		
	1	historicanists.	3:44-46-K1-48-47-4
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	2	Himini	
		HUMLE	
	3a	asinsinisi	Minin
		arren	
	3b		
		MILU.	
	3c		
	4a	of industrating	tures mailed
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	4b	TO LOSSING LISTING LIS	A IPA WA IPAWA JAWA
	Ac.	1	
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	5b		
	5c		
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	6	armanania.	
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		1011257	
	9a		
	9b	unus	
	9c	Alle Marie	791483447544
	10a	arbearbears.	in al Waterd
/F^	10b) or 990 !	EZ) 2010
r.o	1111 226	or 990-l	LE) 2013

	ule A (Form 990 or 990-EZ) 2019 SC GOVERNOR'S SCHOOL FOR THE ARTS 57-07948	<u> 378 </u>	Page 5
Pa	Supporting Organizations (continued)		
11 a b c	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11a 11b 11c	Yes No
seci	ion B. Type I Supporting Organizations		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		Yes No
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	1	
<u>Sect</u>	ion C. Type II Supporting Organizations		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	Yes No
sect	ion D. All Type III Supporting Organizations		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) By reason of the relationship described in (2), did the organization's supported organizations have a	2	
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard ion E. Type III Functionally-Integrated Supporting Organizations	3	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)	 .
' a	The organization satisfied the Activities Test. Complete line 2 below	ions)	
b c	The organization satisfied the Activities rest. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions,)
2 /	Activities Test Answer (a) and (b) below.	Г	Yes No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3 a	Parent of Supported Organizations <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	

Schedule A (Form 990 or 990-EZ) 2019 SC GOVERNOR'S SCHOOL FOR I	THE Z	ARTS 57-0794	878 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (Organ	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov 20	0, 1970 (explain in Part VI)	. See
instructions. All other Type III non-functionally integrated supporting organizations	must co	mplete Sections A through	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		<u>-</u>
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		,
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	-		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally integrat	ed Type		n (see

instructions)

Par	tiV Type III Non-Functionally Integrated 509(a))(3) Supporting Organ	izations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt p	ourposes		
2	Amounts paid to perform activity that directly furthers exempt purp	poses of supported		•
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purposes of	supported organizations		
4	Amounts paid to acquire exempt-use assets		,	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the org	janization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6	<u></u> _		
	Line 8 amount divided by line 9 amount	(1)	(ii)	/:::\
	Continue C. Distribution Allegations (see materials)	(i)	(ii) Underdistributions	(iii) Distributable
	Section E - Distribution Allocations (see instructions)	Excess Distributions		Distributable Amount for 2019
4	Distributable amount for 2010 from Section C. line 6		Pre-2019	Amount for 2019
<u>1</u>	Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019			
_	(reasonable cause required-explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2019			
d	From 2014	uranternamenternament		
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f	Us to make these state so no needs seems stand these stand		
4	Distributions for 2019 from			
	Section D, line 7 \$			
<u>a</u>	Applied to underdistributions of prior years	i degl dini degl E. di di di digi digi digi di	and down them's down them them them to the state the state that	
	Applied to 2019 distributable amount			
	Remainder Subtract lines 4a and 4b from 4	4501 3221 4221 4221 4221 4221 4221 4221 422		
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI See instructions		ial mal mai masums masums masumas w	
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions		The first tree tree tree tree tree tree tree t	if that the front then think then then then the
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c			
	Breakdown of line 7			A PARTIE OF THE PROPERTY OF THE PARTIES OF THE PART
	Excess from 2015	APARAMENTANDAN A	opposite de la composite de la	ipādaminikaministrieta. Albuministrietaministrietam
	Excess from 2016		THE PERSONAL PROPERTY OF PROPE	amanda (najarinanganga)
	Excess from 2017		ADDONADA ISEBAL BERKETAKAN ISEBAL BERKETAKAN ISEBAL	
	Excess from 2018 Excess from 2019	######################################		i poloni vini pin poloni pri pri pri pri pri pri pri pri pri pr

Part VI

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

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Employer identification number Name of the organization SC GOVERNOR'S SCHOOL FOR THE ARTS AND HUMANITIES FOUNDATION 57-0794878 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 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Held at the End of the Tax Year 2a a Total number of conservation easements 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 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(II)? 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 FASB 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 FASB 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 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 FASB ASC 958 relating to these items \$ a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

•							
Schedule D (Form 990) 2019 SC GOV	ERNOR'S SCHO	OL FO	OR THE	ARTS	57-079	4878	Page 2
Part III Organizations Mainta							
Using the organization's acquisition, ac collection items (check all that apply)							
a Public exhibition	d 🗌	Loan or e	exchange prog	gram			
b Scholarly research	e 🗌	Other	J , .	,			
c Preservation for future generations	;						
4 Provide a description of the organization	on's collections and expla	ain how th	ey further the	organizatio	on's exempt p	urpose in Pa	rt
XIII							
5 During the year, did the organization se	olicit or receive donations	s of art, hi	istorical treasi	ures, or oth	er sımılar		
assets to be sold to raise funds rather		part of th	ne organizatio	n's collection	on?		Yes No
Part IV Escrow and Custodia					_		_
Complete if the organiz	zation answered "Ye	es" on F	form 990, F	Part IV, li	ne 9, or re _l	ported an a	amount on Form
990, Part X, line 21.							
1a Is the organization an agent, trustee, c	ustodian or other interme	ediary for	contributions	or other as	sets not		
included on Form 990, Part X?							
b If "Yes," explain the arrangement in Pa	π XIII and complete the t	rollowing t	table			<u> </u>	Amount
a. Bogunnung holongo						1c	Amount
c Beginning balanced Additions during the year						1d	
Additions during the year Distributions during the year						1e	
f Ending balance						1f	
2a Did the organization include an amoun	t on Form 990. Part X. lir	ne 21. for	escrow or cus	stodial acco	ount liability?	<u> </u>	Yes No
b If "Yes," explain the arrangement in Pa					-		
Part V Endowment Funds.		•					
Complete if the organize	zation answered "Ye	es" on F	orm 990, F	Part IV, li	ne 10.		
	(a) Current year	(b) F	Prior year	(c) Two ye	ars back	(d) Three years b	ack (e) Four years back
1a Beginning of year balance							3,901,087
b Contributions							1,043,591
c Net investment earnings, gains, and							
losses							132,560
d Grants or scholarships	-	ļ <u></u>					
e Other expenditures for facilities and							222 752
programs		ļ					222,752
f Administrative expenses							4,854,486
g End of year balance	a surrent upon and belon	l) hald as			1,031,100
2 Provide the estimated percentage of thea Board designated or quasi-endowment	· .	ice (iine ii	g, column (a)) neid as			
b Permanent endowment ▶	%						
c Term endowment ▶ %	70						
The percentages on lines 2a, 2b, and 2	2c should equal 100%						
3a Are there endowment funds not in the		zation tha	nt are held and	d administe	red for the		
organization by	3						Yes No
(i) Unrelated organizations							3a(i) X
(ii) Related organizations							3a(ii) X
b If "Yes" on line 3a(ii), are the related or	ganizations listed as req	uired on S	Schedule R?				3b
4 Describe in Part XIII the intended uses	of the organization's end	dowment	funds				
Part VI Land, Buildings, and	Equipment.						
Complete if the organiz	zation answered "Ye	es" on F	orm 990, F	Part IV, lıı	ne 11a. Se	<u>e Form 99</u>	0, Part X, line 10.
Description of property	(a) Cost or other		(b) Cost or ot		(c) Accu	1	(d) Book value
	(investment)	·	(other	7)	depred		
1a Land							
b Buildings					<u> </u>		

23,986

Schedule D (Form 990) 2019

23,986

 \blacktriangleright

c Leasehold improvements

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

d Equipmente Other

Schedule D (Form 990) 2019

Part VII	Investments – Other Securities.			1 age 0
	`Complete if the organization answered "Yes" of			
	(a) Description of security or category	(b) Book value	(c) Method of v	
	(including name of security)	-	Cost or end-of-year	market value
(1) Financial				
	eld equity interests			
(3) Other				
(A)			<u> </u>	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)			ng 100 an ningga singgi singga ningga	
	n (b) must equal Form 990, Part X, col (B) line 12)			i den en de la completa de la propieta de la completa del completa de la completa de la completa del completa de la completa del la completa del la completa de la completa de la completa del la completa de la completa del la completa d
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV	<u>/, line 11c. See Form 990</u>), Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of v	
			Cost or end-of-year	market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV	', line 11d. See Form 990), Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
_	n (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X	Other Liabilities.			
神道: 近3年6月11日本日 神道: 近3年6月11日本日	Complete if the organization answered "Yes" of	on Form 990. Part IV	'. line 11e or 11f. See For	rm 990. Part X.
	line 25.		•	, , , , , , , , , , , , , , , , , , , ,
1.	(a) Description of liability			(b) Book value
	income taxes			
	LOAN UNDER PAYROLL PROTECTION			49,000
(3)				
(4)		······································		
(5)	•••			
				
(6)				
<u>(7)</u>				
(8)				
(9)	(h)	<u></u>		40 000
	n (b) must equal Form 990, Part X, col (B) line 25)		Vo financial statements in it	49,000
•	uncertain tax positions. In Part XIII, provide the text of the fo	~		

DAA

P	Reconciliation of Revenue per Audited Financial S		•	n.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a	3. 	1 000 500
1	Total revenue, gains, and other support per audited financial statements		1	1,280,520
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	<u>1,280,520</u>
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		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,280,520
Pa	Reconciliation of Expenses per Audited Financial		•	urn.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a	э.	
1	Total expenses and losses per audited financial statements		1	1,159,633
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	1111111	
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,159,633
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)	4b		
_	Add lines 4a and 4b		4c	
C				

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 XIII Supplemental Information (continued)

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

	2019	The same of the sa
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▶ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

SC GOVERNOR'S SCHOOL FOR THE ARTS

AND HUMANITIES FOUNDATION

Open to Public Inspection

Employer identification number 57-0794878

The state of the s		110777						0/01/0
Part	General Information on Grants and Assistance	nd Assistance						
1 Does th	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	the amount of the	grants or as	ssistance, the grantee	s' eligibility for the gra	ants or assistance,	and	No No
2 Describ	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	onitoring the use o	of grant fund	s in the United States				
a Parilla	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Somestic Organt received mon	nnization e than \$5	s and Domestic	Governments. (be duplicated if a	Complete if the idditional space	organization a	answered "Yes" on Form 99(
1 (a	(a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GOVERNORS 15 UNIVERS GREENVILLE	S H	57-6000286		473,165				SEE MISSION
(2)	÷							
(3)								
(4)	:							
(5)								
(9)								
(£)	:							
(8)								
:: (6)								
2 Enter to	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nt organizations list	ed in the lin	e 1 table				•

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

Schedule I (Form 990) (2019) SC GOVERNOR'S SCHOOL FOR THE ARTS 57-0794878

Part III can be duplicated if additional space is needed.

(a) Two of grant or assistance	(h) Nimbor of	(a) Amount of	John Amount of	Joseph activities of postport (a)	Construction descende de mortamente (A)
	recipients	cash grant	noncash assistance	FMV, appraisal, other)	(e) metriod of variation (book, 199 Description of norices if assistance FMV, appraisal, other)
1					
_2					
3					
4					
5					
9					
7					
Part IV Supplemental Information. Provide the information	ovide the information	_	ine 2; Part III, columi	required in Part I, line 2; Part III, column (b); and any other additional information.	onal information.

:

:

:

:

:

:

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SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open To Public Inspection !!!

Department of the Treasury Internal Revenue Service Name of the organization

SC GOVERNOR'S SCHOOL FOR THE ARTS

Employer identification number AND HUMANITIES FOUNDATION 57-0794878

Pa	Types of Property					
		(a)	(b)	(c)	(d)	
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining	
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amounts	
1	Art — Works of art					
2	Art — Historical treasures					
3	Art — Fractional interests		-			_
4	Books and publications					
5	Clothing and household					
•	goods					
6	Cars and other vehicles		- SEMANT STATEMENT AND STATEME			
7	Boats and planes					
8	Intellectual property		·			
9	Securities — Publicly traded				-	
10	Securities — Closely held stock					
11	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					
17	Real estate — Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts				······································	
23	Scientific specimens					
24	Archeological artifacts					
25	Other ►(х	1	40,653	· · · · · · · · · · · · · · · · · · ·	
26	Other ►(10,000		
27	Other ►(
28	Other ►(· · · · · · · · · · · · · · · · · · ·	
 29	Number of Forms 8283 received by	the organ	ization during the tax ve	ar for contributions for		
	which the organization completed F	-	*		29	
			,	·		Vo
30a	During the year, did the organization	n receive l	ov contribution any propi	ertv reported in Part I. line:	THE REAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS	
	28, that it must hold for at least three					
	to be used for exempt purposes for	-		,		X
b	If "Yes," describe the arrangement in		5 ·			
31	Does the organization have a gift ac		policy that requires the	review of any nonstandard		
	contributions?	•		,		X
32a	Does the organization hire or use th	ird parties	or related organizations	s to solicit, process, or sell		
	contributions?		3	., , ,	1 1	X
b	If "Yes," describe in Part II					
33	If the organization didn't report an ai	mount in c	column (c) for a type of p	property for which column (a) is checked,	
	describe in Part II					

Schedule M (Form 990) 2019 SC GOVERNOR'S SCHOOL FOR THE ARTS 57-0794878 Page

| Partill | Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether 'the organization is reporting in Part I, column (b), the number of contributions, the number of items received. or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

> ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Internal Revenue Service Name of the organization SC GOVERNOR'S SCHOOL FOR THE ARTS

OMB No 1545-0047 Open to Public

Inspection Employer identification number

AND HUMANITIES FOUNDATION

57-0794878

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 EXECUTIVE DIRECTOR AND FINANCE COMMITTEE REVIEW AND APPROVE THE 990.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.