SCANNED AUG 3 0 2022

Short Form

Return of Organization Exempt From Income Tax

2020

OMB No 1545-0047

Open to Public Inspection

> 20 21

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information A For the 2020 calendar year, or tax year beginning 2020, and ending July 1 June 30 D Employer identification number C Name of organization ?

	Address of	change	Airport High School Eagle Club		5	71070088
	Name cha	ange	Number and street (or P O. box if mail is not delivered to street address)	suite E Te	lephone ni	umber
님	Initial retu		PO Box 2392			
H		m/terminated	City or town, state or province, country, and ZIP or foreign postal code	7 FG	roup Exe	mption
H	Amended Application	on pending	West Columbia, SC 29170-2932		umber 🕨	· ·
G		ting Method	✓ Cash	H Chec	k ▶ 🖭 i	f the organization is no
	Website	•		_		ach Schedule B
J.	Tax-exer	npt status (che	eck only one) - ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 5	- `)-EZ, or 990-PF).
_			☐ Corporation ☐ Trust ☐ Association ☑ Other Charit	- : : 		
		•	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, o		ts	
			\$500,000 or more, file Form 990 instead of Form 990-EZ .		▶ s	
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances (se	e the instr	uctions	for Part I) ?
			the organization used Schedule O to respond to any question in this			•
?	1		ons, gifts, grants, and similar amounts received		\neg	1,000
?	II '		ervice revenue including government fees and contracts			77,021
?	= 1		ip dues and assessments		3	4,089
?	-	Investment			4	
_	5a		bunt from sale of assets other than inventory 5a			
	b		or other basis and sales expenses			
	c		ss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
	6		d fundraising events:			<u> </u>
	a	_	ome from gaming (attach Schedule G if greater than			
e		\$15,000) .				
Revenue	Ь	Gross inco	L.in-J.	ributions		
è			aising events reported on line 1) (attach Schedule G if the			
			ch gross income and contributions exceeds \$15,000) 6b			
	C	Less: direc	et expenses from gaming and fundraising events 6c			
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b a	nd subtrac	:	
		line 6c) .			6d	
	7a	Gross sale	s of inventory, less returns and allowances			
	Ь		of goods sold			
	С		it or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	
	8		nue (describe in Schedule O)		8	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	9	82,110
	10		describes accounts and (list on Cabadula O)		10	3,500
	11	Benefits pa	aid to or for members	EU_0	11	
S	12	Salaries, o	ther compensation, and employee benefits 2	· · ∞	12	
Expense	13	Profession	al fees and other payments to independent contractors . NOV 1 9	رينا. 2021	13	289
9	. 14	Occupancy	y, rent, utilities, and maintenance	<u> </u>	14	
Û	15	Printing, pi	ublications, postage, and shipping	11T · ·	15	126
	16	Other expe	enses (describe in Schedule O)	 	16	67,822
	17		enses. Add lines 10 through 16	<u></u> ▶	17	71,737
()	18		(deficit) for the year (subtract line 17 from line 9)		18	10,373
Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must			
As	1	-	ar figure reported on prior year's return)		19	66,475
4	20	Other char	ages in net assets or fund balances (explain in Schedule O)		20	

Net assets or fund balances at end of year. Combine lines 18 through 20

76,848

21

	11						, ,
orm 99	90-EZ (2				<u></u>		Page
Par		Balance Sheets (see the instruction					
		Check if the organization used Schedu	ile O to respond to a	ny question in this	(A) Beginning of year		
_	0 - 1	to the second to the second		-	66,475	00	(B) End of year
2		, savings, and investments			00,473	23	76,84
3 4		and buildings				24	
+ 5		assets			66,475		76,84
6		I liabilities (describe in Schedule O)				26	
7		assets or fund balances (line 27 of colur			66,475	27	76,84
	III is the	Statement of Program Service Acco Check if the organization used Schedu organization's primary exempt purpose? e organization's program service accom	mplishments (see the contract of the contract	ne instructions for F ny question in this	Part III 🗹	(Re-	Expenses equired for section (c)(3) and 501(c)(4) anizations, optional
me rso	easure ns ber	d by expenses. In a clear and concise sefited, and other relevant information for rships for 7 graduating athletes at \$500 each	manner, describe the each program title.	e services provided	l, the number of		ers)
-							
? 9	(Grants	s\$) If this amou	nt includes foreign gra			288	a 3,50
-							
0	(Grants	s\$) If this amou	nt includes foreign gra			298	а
-							
-	(Grants		nt includes foreign gra	ants, check here .	▶ □	30a	a
	•	orogram services (describe in Schedule C				İ	
	(Grants		nt includes foreign gra			312	
	_	program service expenses (add lines 28				32	
al (IV	List of Officers, Directors, Trustees, and F Check if the organization used Schedu				nstru	_
		Check if the organization used Schedu		(c) Reportable	(d) Health benefits,	Ť	· · · · <u>L</u>
		? (a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ benefit plans, and	` ;) Estimated amount other compensation
ne	Shum	pert, president	8	-0.		-0-	
bhi	е Наас	, treasurer		 		+	
		,	8	-0-		-0-	-
							· · · · · · · · · · · · · · · · · · ·
	·						
							- 1 100 - 1 -
					.,_		



A0	
PIV	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	Instructions for Part V.) Offeck if the organization used Schedule O to respond to any question in the	<u> </u>	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
-	detailed description of each activity in Schedule O	33		V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		V
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		V
L		Joa		
39	If "Yes," complete Schedule L, Part II, and enter the total amount involved	┪		
оэ a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
404	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	1		
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40-		
44	transaction? If "Yes," complete Form 8886-T	40e		•
41		803-54	4 000°	1
42a	The organization's books are in care of ▶ Debbie Haag Located at ▶ PO Box 2392, West Columbia, SC ZIP + 4 ▶		-2392	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		-
	If "Yes," enter the name of the foreign country ▶	1		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		~
	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	<i>.</i> .	. 1	▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	N
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		V
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Y
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	100		
4-	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	 	-
	Lig the organization have a controlled entity within the meaning of section 5 (2(0)(13)?	45d	 	-
45a			ļ	l .
45a b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			:

									•
Form 990-E	EZ (2020)						ŕ	F	age 4
_								Yes	No
	old the organization en o candidates for public						n	·	
Part VI		3) Organizations		, , , , , , , , , , , , , , , , , , , ,	• • •	· · · · · · · · ·	140	1	
		c)(3) organizations		estions 47–49b ar	nd 52, and	d complete the	tables t	or lin	es
	50 and 51.				_				
	Check if the orga	anization used Sch	edule O to respond	to any question i	n this Parl	: VI	• • •	Yes	
47 D	old the organization e	ngage in Jobbying a	activities or have a	section 501(h) elec	ction in eff	ect during the ta	х Г	res	No
	ear? If "Yes," complet						47		~
48 is	s the organization a sch	nool as described in	section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedul	eE	48		~
	old the organization ma	•		· ·			49a	+	~
	"Yes," was the relate Complete this table for					officers directors	49b		d key
	mployees) who each r								
			(b) Average	(c) Reportable		ealth benefits,			
	(a) Name and title of each	employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS	SC) benefit p	lans, and deferred	e) Estimate other cor		
None				(, cc	mpensation			
None									
									
									1
				<u> </u>					
	otal number of other of other of complete this table for			• •	0	 store who each r	eceived	more	than
	3100,000 of compensa				on contrac	tors who each i	eceived	more	пап
	(a) Name and business ad	ddress of each independe	ent contractor	(b) Type of	service	(c) C	ompensat	ion	
		·					•		
None		·····		1					
									*
				-					
				1					
	••••								
									
	otal number of other i Did the organization	•	_		. ►	0 s must attach	<u> </u>		
	completed Schedule A	•	· · · · · · · ·		•		ື ☑ Yes		No
Under pen	alties of perjury, I declare th	at I have examined this re	turn, including accompar	lying schedules and stat	ements, and	to the best of my know	vledge an	d belief,	ıt ıs
true, correc	ct, and complete Declaration	on of preparer (other than	oπicer) is based on all infe	ormation of which prepa	rer nas any kr	nowledge			
Sign	Signature of office	re Har				Date /			
Here E	_	ie Haga!	treasurer			11/12/20	21		
	Type or print nam	, , , , ,							
Paid	Print/Type preparer's	name	Preparer's signature		Date	Check 🔲 ıf			
Prepai			L		<u> </u>	self-employed	-1		
Use O	nly Firm's name ►		<u></u>			Firm's EIN ▶			

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Phone no

· SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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.

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

Inspection

	lame of the organization Employer identification number							
	rt High School Eagle Club					<u> </u>	70088	
Par							ons.	
The c 1 2 3 4	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in	
6 7	☐ A federal, state, or local gover☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup te Part II.)	port from			n the general public	
8	A community trust described I	n section 170(b))(1)(A)(vi). (Complete	Part II.)				
9	An agricultural research organ or university or a non-land-grauniversity:	int college of agr	riculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or	
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and un ifter June 30, 19	nctions, subject to ce related business taxa 75. See section 509(a	rtain exceble incom a)(2). (Cor	eptions; a ne (less so mplete Pa	and (2) no more than ection 511 tax) from art III.)	33¹/3% of its	
11	An organization organized and	•	•	-				
12	An organization organized and of one or more publicly support Check the box in lines 12a through the check the check the box in lines 12a through the check the	orted organizatio	ns described in secti	ion 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).	
а	☐ Type I. A supporting organization the supported organization. Y supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	yority of t			
b	Type II. A supporting orga control or management of organization(s). You must	the supporting o	organization vested in	the same				
С	Type III functionally integ its supported organization						ally integrated with,	
d	Type III non-functionally that is not functionally inte requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a dıstribı	ition requirement an		
е	Check this box if the organ functionally integrated, or	nization received Type III non-fund	a written determination	on from tl pporting	ne IRS the organizat	at it is a Type I, Type ion.	e II, Type III	
f	Enter the number of supported						· []	
<u>g</u>	Provide the following informatio							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)	_						_	
(C)								
(D)								
(E)								
Total		 						

Part	(Complete only if you checked th	e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support	() 0010	4) 0047	(1) 0040	-	(-) 0000	1 (10 T-1-1
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
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				<u> </u>		<u> </u>
	on B. Total Support	(-) 2016	(h) 0017 ((2) 2018	(4) 2010	(-) 2000	(A Total
Calen	idar year (or fiscal year beginning in) Amounts from line 4	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the	_			•		
	organization, check this box and stop her			<u> </u>	<u> </u>		> 🗀
	ion C. Computation of Public Suppor						
14 15	Public support percentage for 2020 (line 6 Public support percentage/from 2019 Sch			11, column (t))		14	<u>%</u>
16a	331/3% support test—2020. If the organization						check this
	box and stop here. The organization qual						▶ □
b	331/3% support test 2019. If the organize	zation did not	check a box o	n line 13 or 16	Sa, and line 15	ıs 33¹/₃% or n	nore, check
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizat	ion		▶ 🗆
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the to organization	eets the facts	-and-circumsta	ances test, ch	eck this box a	nd stop here	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	n meets the fa	acts-and-circur	nstances test,	check this bo	x and stop h e	ere. Explain
18 /	Private foundation. If the organization of	did not check	a box on line	13, 16a, 16b	, 17a, or 17b,	check this be	ox and see
\bot	instructions						

Part III 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.)

Secti	on A. Public Support			·			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,145	4,950	5,726	4,259	4,089	24,169
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	3,143	4,730	3,720	4,207	4,007	24,107
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				ŧ		
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	5,145	4,950	5,726	4,259	4,089	24,169
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 8	Add lines 7a and 7b						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	5,145	4,950	5,726	4,259	4,089	24,169
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.)	5,145	4,950	5,726	4,259	4,089	24,169
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	organization's	first, second,	third, fourth,	or fifth tax ye		501(c)(3)
Secti	on C. Computation of Public Suppor	t Percentage)				
15	Public support percentage for 2020 (line 8		-				100 %
16	Public support percentage from 2019 Sch				<u></u>	16	100 %
	on D. Computation of Investment In				<u> </u>	14-1	
17	Investment income percentage for 2020 (0 %
18	Investment income percentage from 2019 331/3% support tests—2020. If the organ					_18	0 %
19a	17 is not more than 331/3%, check this box						
b	331/3% support tests—2019. If the organize line 18 is not more than 331/3%, check this	ation did not ch	neck a box on l	ine 14 or line 1	9a, and line 16	is more than 3	31/3%, and
20	Private foundation. If the organization di						

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	e Par	t V.)	
<u>Secti</u>	on A. All Supporting Organizations		,	
			Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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.	3b		
С	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.	3c	_	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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 .	6		
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			
8	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		i
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
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 .	9b		
С	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.	9c		
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 line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	.50		

determine whether the organization had excess business holdings.)

10b

	e A (Form 990 or 990-EZ) 2020			Page
Part	V Supporting Organizations (continued)		1	
11 a	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 lines 11b and		Yes	No
_	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b	-	_
-	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
ecti	on B. Type I Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	163	140
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
ecti	on C. Type II Supporting Organizations	1	1	
	<u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in 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		
ecti	on D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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		
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).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
ecti	on E. Type III Functionally Integrated Supporting Organizations	_		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. 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 governmental entity. Activities Test. Answer lines 2a and 2b below.			tions
2			163	<u> </u>
а	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 line 2a, above, 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 lines 3a and 3b 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>If "Yes" or "No," 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		

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>gan</u>	izations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion 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					
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					
Sect	ion 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					
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			-			
2	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 0.015 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 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C—Distributable Amount			Current Year			
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 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-functional (see instructions).	_	integrated Type III suppor	ting organization			

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continue	d)	
Secti	on D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e			1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	3	
4	Amounts paid to acquire exempt-use assets	-	<u>.</u>	4	
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Part	VI)	5	-
6	Other distributions (describe in Part VI). See instructions.	<u>-'-</u>		6	-
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive		
	(provide details in Part VI). See instructions.	J		8	
9	Distributable amount for 2020 from Section C, line 6			9	, , ,-
10	Line 8 amount divided by line 9 amount			10	
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
_	(reasonable cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020	·	11-A		
a	From 2015				
b	From 2016				
	From 2017				
d	From 2018				
<u></u>	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years	_ · 			
<u></u>	Applied to 2020 distributable amount	·			
i	Carryover from 2015 not applied (see instructions)				
-	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from	- ''			
7	Section D, line 7:				•
	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
3	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				, , <u>.</u>
0	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3				
•	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

Schedule A (F	Form 990 or 990-EZ) 2020 Page 8
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.)
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Airport High School Eagle Club

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

57-1070088

Part 1, Line 10 -Seven scholarships of \$500 each to graduating student athletes. Two sent to USC; one to College of Charleston, two to Winthrop University, one to The Citadel; and one to Clemson University Part 1, Line 16 - Other Expenses (Sports Teams) Baseball - \$10,383 Boy's Golf - \$1,326 Boy's Soccer - \$7,945 Football - \$679 Girl's Basketball - \$269 Girl's Golf - \$60 Girl's Soccer - \$21,078 Girl's Tennis - \$1,014 Softball - \$1,050 Track - \$172 Varsity Cheer - \$578 Volleyball - \$495 Wrestling - \$1,193 Part 1, Line 16 - Other Expenses (Board Expenses) Team uniform stipends - \$3,827; Athletic Tranier supplies - \$1,438; program inventory expenses - \$10,146; Weight Trainer stipend - \$1,000; Graphic design wrap for scoreboard - \$2,062, Coaches orientation - \$89, Basketball equipment supplement - \$2,768; Team banquet - \$250 Part III - Statement of Purpose - The organization's primary exempt purpose is to support the athletes and athletic department of Airport High School in the form of uniform stipends for teams, equipment as needed outside of school budget, scholarships for graduating athletes; and supplies for the athletic trainer's room.

Cat. No. 51056K

Name of the organization Airport High School Eagle Club	57-1070088		
•	and of their content year. This		
Part III, Line 28a - Scholarships are given to the graduating athletes with the most sports letters at the e	nd of their senior year. This		
reporting year there 7 scholarships awarded for a total of \$3,500			
Part III, Line 31a - Program services were detailed above in Schedule O (Part I, Line 16 - Other Expenses (Board Expenses),			
Canteen and spirit wear inventory are sold at home sporting events. Sports banquets and trophies are s	supplemented to the school athletic		
program, as well as uniform stipends for 2 to 3 teams each year, on a rotating basis. Medical and athletic supplies are purchased each year			
for the athletic trainer's room, as well as laundry supplies for washing team uniforms throughout the year			
These services support all student athletes in some fashion throughout the school year			
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