**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

		nue Service	► The organization may have to use a copy of this return to satis	fy state reporting i	requiremen	ts. Inspection
A	For th	e 2005 c <u>a</u>	elendar year, or tax year beginning , 2005, a	nd ending		, 20
<b>B</b> 0	Check if a	applicable:	halalla hardalada arilalladi sahalada dhalada ladaladi	7	D Employer	identification number
	Address	change	200543 07 45 0	2020 I	570	567186
	Name c	hange	SOUTH CAROLIN 29 IB 200512 03 15 9 CHILD EVANGELISM FELLOWSHIP INC	2029 R	E Telephone	
	nitial ref	turn	PO 30X 211084	- -	(303)	798-8624
=	inal ret		COLUMBIA SC 29221-6084	S	_	nethod: Cash Accrual
$\equiv$		d return	2 Carlos FOLLOW	H and I are not a		(specify) ► section 527 organizations.
∐A	\pplication	on pending	<ul> <li>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</li> </ul>	; <u> </u>	• •	or affiliates? Yes Mo
G V	Website	: > PA	ef-5ciola	_	-	of affiliates ▶
				H(c) Are all affilia		
1 (	Organiz	ration type	(check only one) ► \$\frac{1}{12}\$ 501(c) (\frac{1}{2}) < (insert no.) \( \bigcap \) 4947(a)(1) or \( \bigcap \) 527	<b>⊣</b> ` :		ee instructions.)
			if the organization's gross receipts are normally not more than \$25,000. The	H(d) Is this a sepa organization		iled by an agroup ruting? ☐ Yes ☐ No.
			not file a return with the IRS; but if the organization chooses to file a return, be ete return. Some states require a complete return.			ber ► 2029
						organization is not required
			Add lines 6b, 8b, 9b, and 10b to line 12 ► Z 60866	to attach S	Sch. B (Fon	m 990, 990-EZ, or 990-PF).
Pa	art I	Reven	ue, Expenses, and Changes in Net Assets or Fund Bal	ances (See the	instructi	ions.)
	1		rtions, gifts, grants, and similar amounts received:		1 3.	
	1	-	40	LOZ 152	1. 1	
Æ			public support		- 1	
			nent contributions (grants)		1d	202152
~	2	•	dd lines 1a through 1c) (cash \$ noncash \$ service revenue including government fees and contracts (from P		2	P 13 -
$\tilde{\sim}$	3	•	ship dues and assessments	art vii, iiile 93)	3	
	4		on savings and temporary cash investments		4	46
<u> </u>	5		ds and interest from securities		5	417
_ •	6a	Gross re	10-1			
<u>.</u>	Ь		ntal expenses 6b			
SCANNED RECEIVED	C		al income or hossy (subtradt line 6b from line 6a)		6c	
<b>Z</b> 9	7	U	vestment income (describe)	(F) Other	7	
	8a	Gross a	mount from sales of assets other (A) Securities	(B) Other	-	
n.			Shrother basis and state expenses		-{	
	D .	n n	SECTION OF DASIS AND SALES CAPE DES		<b>┤                                    </b>	
	<u>ر</u> ا		loss) (attach schedule)		8d	
	9	-	events and activities (attach schedule). If any amount is from gaming, cl	heck here ▶ □		
	1 -	-	evenue (not including \$ of			
	"		rtions reported on line 1a) 9a	51725	_	
	b		irect expenses other than fundraising expenses . 9b 1	41933	4	
	C		ome or (loss) from special events (subtract line 9b from line 9a	),	9c	7792
	10a		ales of inventory, less returns and allowances 10a	1200	- 1	(33)
	þ		ost of goods sold	<u> </u>	100	(22)
	l c		rofit or (loss) from sales of inventory (attach schedule) (subtract line 10 evenue (from Part VII, line 103)	ib from line 10a).	10c	<del>\</del>
	11 12		evenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	210274
_	13		n services (from lines 44, column (B))		13	30537
368	14	_	ement and general (from line 44, column (C))		14	105601
Expenses	15	_	ising (from line 44, column (D))		15	22921
ă	16	Paymer	nts to affiliates (attach schedule)		16	18842
	17	Total e	xpenses (add lines 16 and 44, column (A))	<del></del>	17	177901
əts	18		or (deficit) for the year (subtract line 17 from line 12)		18	3z.4 <u>7</u> 3
Ass	19		sets or fund balances at beginning of year (from line 73, column	n (A))	19	53796
Net Assets	20		thanges in net assets or fund balances (attach explanation).		20	10883
	21	Part ass	ets or fund balances at end of year (combine lines 18, 19, and 20)	0-1 1: 440-55	21	Y 6 6 3 9

Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Functional Expenses organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. services and general Grants and allocations (attach schedule) . (cash \$ \_\_\_\_\_ noncash \$ \_\_\_\_\_ 22 If this amount includes foreign grants, check here ightharpoonupSpecific assistance to individuals (attach 23 23 schedule) . . . . . . . . . . . . . . . . 24 Benefits paid to or for members (attach 24 25 Compensation of officers, directors, etc. . . 25 26 26 Other salaries and wages . . . . . . 27 27 Pension plan contributions . . . . . 28 Other employee benefits . . . . . . 28 29 <u>207</u>1 Payroll taxes . . . . . . . . . . 29 30 30 Professional fundraising fees . . . . 000 31 31 Accounting fees . . . . . . Legal fees . . . . . . . . . . 32 <u> 250</u> 32 33 33 800 34 000 34 35 200 35 Postage and shipping . . . . . . 36 36 37 37 Equipment rental and maintenance . . . 100 38 38 Printing and publications . . . . . 400 6911 39 39 700 40 40 Conferences, conventions, and meetings. . . 41 41 42 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses noticovered above (itemize): 1529 43a Compules 43b Melaprost - New 43c 12000 43d đ 43e 43f 43g ------Total functional expenses, Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 159059 30537 105601 7,2921 13-15) Joint Costs. Check ▶ ☐ if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . > 🗆 Yes 🙇 No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_

(iii) the amount allocated to Management and general \$

'n

Form	agn	(2005)
rom	230	120001

\_; (ii) the amount allocated to Program services \$\_\_\_\_\_;

; and (iv) the amount allocated to Fundraising \$

'n

## Form 990 (2005) Part III Statement of Program Service Accomplishments (See the instructions.)

ari n i	rm 990 is available for public inspection and, for some people, serves as the primary or so rticular organization. How the public perceives an organization in such cases may be determined its return. Therefore, please make sure the return is complete and accurate and fully described organis and accomplishments.	ned by the infor	mation presented
of c	nat is the organization's primary exempt purpose?   Apply 15 primary exempt purpose achievements in a dear and concise mariner. Solients served, publications Issued, etc. Discuss achievements that are not measurable. (Section panizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations.	501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	Children Reached for Christ 4	2341	29621
	(Grants and allocations \$ ) If this amount includes foreign grants, (	check here ▶ [	
b			
	Teaster Transie 1129		916
	(Grants and allocations \$ ) If this amount includes foreign grants,	check here ▶ [	}
C			
	(Grants and allocations \$ ) If this amount includes foreign grants,	check here 🕨 🗀	]
đ	l		
	(Grants and allocations \$ ) If this amount includes foreign grants,	check here ▶ [	][
0	Other program services (attach schedule)		
	(Grants and allocations \$ ) If this amount includes foreign grants,	check here 🕨 🗌	][
f	Total of Program Service Expenses (should equal line 44, column (B), Program services).	<u></u> ▶	30537
			Form <b>990</b> (2005)

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bar:

_	990-(2						Page 4
Pa	rt IV	Balance Sheets (See the instructions	i.)		<del></del>		
N	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within	the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			6319	45	50930
	46	Savings and temporary cash investments .		· ·		46	400
		Accounts receivable	47a 47b			47c	
		Pledges receivable	48a 48b			48c 49	
	''	Receivables from officers, directors, truste		ad kay amplayasa			<del></del>
əts		(attach schedule)				50	
Assets	Ь	Less: allowance for doubtful accounts .	51b			51c	
⋖	52	Inventories for sale or use			900	52	800
	53	Prepaid expenses and deferred charges .				53	
	54	Investments-securities (attach schedule) .	. 1	► ☐ Cost ☐ FMV		54	
	]	Investments—land, buildings, and equipment: basis	55a				¢.
	b	Less: accumulated depreciation (attach	\				
		schedule)	55b	L	<del></del>	55c	
		Investments—other (attach schedule)		٠٠٠	<del> </del>	56	
		Land, buildings, and equipment: basis .	57a	70918		1	
	b	Less: accumulated depreciation (attach	57b	28394	721 11.		カルくっか
		schedule)			31800	57c	44307
	58	Other assets (describe ►	·M	ipment)	21400	136	<del></del>
_	59	Total assets (must equal line 74). Add lines			58835	59	96654
	60	Accounts payable and accrued expenses .			5534	60	_ <del></del>
	61	Grants payable				61	<del></del>
	62	Deferred revenue				62	
bilities	63	Loans from officers, directors, trustees, an schedule)				63	
<u>La</u>	64a	• • • • • • • • • • • • • • • • • • • •	-			64a	<del></del>
_		Mortgages and other notes payable (attach				64b	
	65	Other liabilities (describe ►		)		65	
	66	Total liabilities. Add lines 60 through 65 .			5539	66	
80		anizations that follow SFAS 117, check here 67 through 69 and lines 73 and 74.		·	53 29b		96654
Š	67	Unrestricted		1	73 240	67	16671
aga	68	Temporarily restricted				68	
<b>6</b>	69	Permanently restricted				69	
Net Assets or Fund Balances	Orga	anizations that do not follow SFAS 117, chec complete lines 70 through 74.	k here	► L.J and			
ō	70	Capital stock, trust principal, or current fund	ds			70	
ŧ	71	Paid-in or capital surplus, or land, building,				71	
88	72	Retained earnings, endowment, accumulate				72	
¥	73	Total net assets or fund balances (add lin					
Ž		70 through 72; column (A) must equal line 19; column (B) a	must e	equal line 21)	53296	73	96154
_	74	Total liabilities and net assets/fund balance	es. Ad	d lines 66 and 73.	\$8835	74	96654
							Form <b>990</b> (2005)

Par	t IV-A	Reconciliation of Reve instructions.)	enue per Audi	ted Financial Statem	ents With Reve	nue per	r Return (	See the
a	Total reve	nue, gains, and other sur	port per audite	ed financial statements			a	
b		included on line a but no	•					
1		lized gains on investment	· ·		b1		-	
2	Donated s	services and use of facilit	ies		b2			
3		s of prior year grants .			b3		,	
4		ecify):		•				
				1	b4			
	Add lines	<b>b1</b> through <b>b4</b>					b	
c		line b from line a					C	
đ		included on Part I, line 12		# ~ 1			,	
1	Investmer	nt expenses not included	on Part I, line 6	8b	d1			
2		ecify):	=					
		••			d2			
	Add lines	d1 and d2					d	
₽	Total rev	enue (Part I, line 12). Add	lines c and d	<u> </u>	<u> </u>	. ▶	e	
Pa	rt IV-B	Reconciliation of Exp	enses per Aud	lited Financial Staten	nents With Exp	enses p		3
8	•	enses and losses per aud					<u>a</u>	
b .		included on line a but no	•				<b>\</b>	
1		services and use of facilit			b1 b2		<b> </b>	
2	•	r adjustments reported or			b3		1.1	
3		eported on Part I, line 20			<u> </u>		-	
4		ecify):		31 A	b4		[ _ ]	
				. 11 17	104		b	
		b1 through b4		313 1 -			C	
C		line b from line a					<del>   </del>	<del></del>
ď		included on Part I, line 1			d1		1	
1		nt expenses not included			"		٠	
2	Other (sp	ecify):			d2			
	Add lines						d	
		s <b>d1</b> and <b>d2</b> penses (Part I, line 17). A						
Pa		Current Officers, Direct					s an office	director trustee
		or key employee at any tim						
				<b>(B)</b>	(C) Compensation	(D) Contribut	ions to employee	(E) Expense account
		(A) Name and address		Title and average hours per week devoted to position	(If not paid, enter		ens & deferred sation plans	and other allowances
	588	attached	List					<u> </u>
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				1	1	1		

Part V-A Current Officers, Directors, Trustees	, and Key Employe	es (continued)			Yes	No		
<b>75a</b> Enter the total number of officers, directors, and the meetings	ustees permitted to vo	te on organization	business at board		2			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s).								
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?  Note. Related organizations include section 509(a)(3) supporting organizations.  If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements,								
including amounts paid to each individual by						<b>∞</b>		
d Does the organization have a written conflict of in  Part V-B  Former Officers, Directors, Trustees, and  officer, director, trustee, or key employee re person below and enter the amount of comp	Key Employees That I ceived compensation o	r other benefits (de	nsation or Other Bene escribed below) during	the ve	ar, list			
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	accour	Expense nt and o owance	other		
		Α		<u> </u>				
	N	#		ļ				
				<u> </u>				
				<u> </u>				
						<del></del>		
				<u> </u>				
		-	. '			<u>.</u>		
Part VI Other Information (See the instruction	ns.)				Yes	No		
			·	76		X		
77 Were any changes made in the organizing or good if "Yes," attach a conformed copy of the change	s.	•		77	,			
78a Did the organization have unrelated business greathis return?		or more during t	the year covered by	78a		X		
b If "Yes," has it filed a tax return on Form 990-T  79 Was there a liquidation, dissolution, termination, a statement	•	tion during the ye	ar? If "Yes," attach	78b	עו_	17		
a statement	ees, officers, etc., to				X			
organization?	MICHANAS	15 pp FEI	lanship, Inc.	80a	<u>^</u>			
81a Enter direct and indirect political expenditures. (6 b Did the organization file Form 1120-POL for this	See line 81 instruction	s.) [81a]	None	81b		7		
2 3.0 0.7 0.2 10 0.15	<del></del>	<u>· · · · · · · · · · · · · · · · · · · </u>			990	(2005)		

Par	Other Information (continued)		tes	NO
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.  (See instructions in Part III.)		X.	LA.
		83a	4	
		83b	X	
		84a		X.
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b	•	<del></del>
85	30 (C)(4), (3), or (0) organizations. a viere substantially all dues nondeductible by members:	85a	H	<b>X</b> _
b	bid the organization make only in-house lobbying expenditules of \$2,000 or less?	85b	4 1	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization		•	
	received a waiver for proxy tax owed for the prior year.  Dues assessments and similar amounts from members 185c	į		
	bues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			}
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	- 1		- 1
	Taxable altrount of loopying and political experientation (into odd loop door)	85g		
_	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
"	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on			
	line 12	- 1		
b	Gross receipts, included on line 12, for public use of club facilities 86b		-	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders   87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		,	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		*
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶	`		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0	<u></u>
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			<u> </u>
	List the states with which a copy of this return is filed ▶			
	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	<del></del>		-1 @
	The books are in care of \ \( \text{Rown} \) \( \text{Rown} \) \( \text{Located at } \)	744	7- <b>-</b> /-	492
b	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)?  If "Yes," enter the name of the foreign country	91b	Yes	<del>,</del>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91c		
	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here	.1.	1	<u>.</u> □
92	and enter the amount of tax-exempt interest received or accrued during the tax year ▶   92   Λ	<i>] ₽</i>	_ 00	0 (2005)
	•	ron	111 ブブ	

Part V Note: 5	Analysis of Income-Producing Inter gross amounts unless otherwise		ne instructions usiness income		tion 512, 513, or 514	(E)
ndicate	<u> </u>	(A)	(B)	(C)	(D)	Related or exempt function
93 F	Program service revenue:	Business code	Amount	Exclusion code	Amount	income
a .			<del></del>			<del> </del>
b _			<del> </del>	<del> </del>		<del> </del>
C _	<del></del>	_ }	ł	<del> </del>		<del> </del>
d _		_	<del>                                     </del>	<del> </del>		<del> </del>
e .	Medicare/Medicaid payments	<del></del>	-	<del> </del>	<u> </u>	<del> </del>
	Fees and contracts from government agencie	1	<u> </u>	<del>                                     </del>		<del> </del>
_	Vembership dues and assessments		1	<b> </b>		
	nterest on savings and temporary cash investmer			1		
	Dividends and interest from securities					
	Net rental income or (loss) from real estate:		-			
	debt-financed property	1				
	not debt-financed property					
	Net rental income or (loss) from personal proper	li e		<u></u>		<u> </u>
	Other investment income	· I	ļ. <u></u>	<u></u>		
100 (	Gain or (loss) from sales of assets other than invento	ory		ļ		
101	Net income or (loss) from special events .	<u> </u>	<u> </u>	<u> </u>	10	
	Gross profit or (loss) from sales of inventory		<del> </del>		131	<b></b>
103	Other revenue: a		·	<del>-</del>	<del>                                      </del>	
<b>b</b> .		_	<del>                                      </del>	-	N 1	
C.	<del></del>	<del></del> }	<del>                                       </del>	<del> </del>	<u> </u>	<del> </del>
d.	<del> </del>	-	<del> </del>	<del> </del>	<del> </del>	<del> </del>
е.			<b>-</b>	<u> </u>	<del> </del>	
	Subtotal (add columns (B), (D), and (E)) .	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	<b>Total</b> (add line 104, columns (B), (D), and (E Line 105 plus line 1d, Part I, should equal th					<del></del>
Part \				noses (See t	he instructions	<u> </u>
Line N						
The i	of the organization's exempt purposes (				importating to the	accomplishment
			<del></del>		Y	
				11	11,	
				P		
Part			isregarded Enti	ties (See the	instructions.)	
	Name, address, and EIN of corporation,	(B) Percentage of	(C)		(D)	(E) End-of-year
	partnership, or disregarded entity	ownership interest	Nature of a	ctivities	Total income	assets
		%		1	<b>X</b>	<u> </u>
		%				
		%	<del></del>		<b></b>	- <b>.</b>
		<u>%</u>			<u> </u>	<u> </u>
Part .	Information Regarding Transfers As	sociated with Per	sonal Benefit Co	ontracts (See	the instructions.)	1
	Did the organization, during the year, receive any funds					☐ Yes 🛣 No
(b)	Did the organization, during the year, pay p	remiums, directly	or indirectly, on	a personal b	enefit contract?	☐ Yes <b>※</b> No
Note	th "Yes" to (b), file Form 8870 and Form  Under penalties of perjury, I declare that I have example.				4	hand of much south doe
	and belief, it is true, correct, and complete. Depart	ation of preparer (other	than officer) is base	chedules and sa d on all informat	itements, and to the ion of which prepare	er has any knowledge
Please				1	12-18-1	
Sign	Signature of officer	mayory			Date	6
Here	KICHAND N Sam	her hos			195-15-11	•
	Type or print name and title.	MUNIC DON	<del>/</del>		000	
	<del></del>	<del></del>	Date	Check if	Preparar's SCM	or PTIN (See Gen. Inst. W
Paid	Preparer's signature			self- employed ▶		a . in loc cer not v
Prepare	r's Firm's name for yours A			EIN	<u> </u>	
Use Onl	y if self-employed), address, and ZIP + 4				ne no, ► ( )	·

## SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(e)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

Employer identification number,

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Child Quangelisin	1 50 Ju		57-056	1186
Part I Compensation of the Five High (See page 1 of the instructions. L			ers, Directors, a	nd Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
			octerior compensation	alowaros
1/9				
•				
		,		
otal number of other employees paid over \$50,000 Part II-A Compensation of the Five High	est Paid Independent (	ontroctors for	Professional Sa	nrione
(See page 2 of the instructions. Lis				
(a) Name and address of each independent contractor	r paid more than \$50,000	(b) Type	of service	(c) Compensation
	V		!	
	40			
Total number of others receiving over \$50,000 for professional services				
Part II-B Compensation of the Five High	est Paid Independent C	contractors for	Other Services	
(List each contractor who perform firms. If there are none, enter "No	ned services other than pone." See page 2 of the i	orotessional sen nstructions.)	rices, whether inc	lividuals or
(a) Name and address of each independent contractor		· · · · · · · · · · · · · · · · · · ·	of service	(c) Compensation
<u> </u>	P NS			
	·····			
			···	
Total number of other contractors receiving over \$50,000 for other services				
For Paperwork Reduction Act Notice, see the Instructions for F	orm 990 and Form 990-EZ.	Cat No. 11285F	Schedule A (Form	990 or 990.F71 2005

-:1

	<u> </u>	(Form) 990 or 990-EZ) 2005		<u>-</u> -	age
ar		Statements About Activities (See page 2 of the instructions.)		Yes	No
1	atter or in	ng the year, has the organization attempted to influence national, state, or local legislation, including any npt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid curred in connection with the lobbying activities   \$	1		X
	orga	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Othe nizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description o obbying activities.			
	subs with own	ng the year, has the organization, either directly or indirectly, engaged in any of the following acts with any stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, of any taxable organization with which any such person is affiliated as an officer, director, trustee, majority er, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the sactions.)	r		v
_	Colo	evelopmen or lessing of preparts?	2a	<del> </del>	1
a		, exchange, or leasing of property?	2b	1	
C		ishing of goods, services, or facilities?	2c		
d		ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		
 B	-	sfer of any part of its income or assets?	2e		
3		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how determine that recipients qualify to receive payments.)	v <u>3a</u>		4
)	Do	ou have a section 403(b) annuity plan for your employees?	3b	<u> </u>	
;	Duri	ng the year, did the organization receive a contribution of qualified real property interest under section 170(h)	? <b>3c</b>	<del>  -</del>	┡
	the	you maintain any separate account for participating donors where donors have the right to provide advice or use or distribution of funds?	4a	<u> </u> 	
D	Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	1	<u>!</u>
ar	t IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instruction	s.) 		
е	orga	nization is not a private foundation because it is: (Please check only ONE applicable box.)			
		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).	:		
		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the h	ospitai's	name	, CI
		An organization operated for the benefit of a college or university owned or operated by a governmental unit. S (Also complete the Support Schedule in Part IV-A.)	ection 17	'O(b)(1)	(A)
а	¥	An organization that normally receives a substantial part of its support from a governmental unit or from the go 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)	eneral pu	blic. S	ecti
b	_	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fee from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than from gross investment income and unrelated business taxable income (less section 511 tax) from busines	<b>33</b> 1/3% o	f its s	upp
		organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	•		-
;		An organization that is not controlled by any disqualified persons (other than foundation managers) and so described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of sections that describes the type of supporting organization: Type 1 Type 2	ipports of tion 509(	a)(2).	atio Che
		Provide the following information about the supported organizations. (See page 6 of the instruction	_ <del>_</del>		
		n-v	ine num		

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Par	IV-A Support Schedule (Complete only	y if you checked	a box on line 10,	11, or 12.) Use	cash method	of accounting.
	You may use the worksheet in the instructions					<del></del>
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.).	127845	138237	135861	171163	
16	Membership fees received		-670		, ~, , , ,	
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	127845	1200 ~~	12001	12111	1 5 50 05
24	Line 23 minus line 17		13002 /	12501	10 10	523091
<del>24</del> 25		127845	138227	135867	12116	2 523 095
		1270	1.1382	17557	1212	2 151 5
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	ın (e), line 24 .	<b>▶</b>   <u>2</u> 4	104bc
þ	Prepare a list for your records to show the nar					
	governmental unit or publicly supported organi					n Zidani
	amount shown in line 26a. Do not file this list w	-		I these excess an		6b 48772
C	Total support for section 509(a)(1) test: Enter li	ine 24, column (e			▶  ≃	52309
a	Add: Amounts from column (e) for lines: 18		19 (1/1/	7 <b>-9</b>		00018
_	Dublic ourset (line OCo minus line OCd total)		26b 48	<del>1 °</del>	–	6d 9 87 14
e	Public support (line 26c minus line 26d total)  Public support percentage (line 26e (numero		ino 26o <i>Id</i> onomi	inatad)		6e 4 24 3 ) "
			<del></del>			6f   <b>9</b>
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	the name of, and e sum of such ar	total amounts remounts for each	ceived in each ye year: 1	ar from, each "	disqualified person.
b	(2004) (2003)	ived from each per year, that was mo 5 through 11b, as I the larger amour	rson (other than "o re than the larger well as individuals. It described in (1)	disqualified person of (1) the amount ) Do not file this li or (2), enter the s	s"), prepare a li on line 25 for th ist with your re- um of these di	he year or (2) \$5,000 turn. After computing fferences (the excess
	(2004) (2003)	• • • • • • • • • • • • • • • • • • • •	(2002)	•••••••	(2001)	••••••
C	Add: Amounts from column (e) for lines: 15				<b>▶</b>   2	7c
d	Add: Line 27a total.		ai			7d
e	Public support (line 27c total minus line 27d to				· · · · —	7e
f	Total support for section 509(a)(2) test: Enter a	amount from line	23, column (e)	. <b>▶</b> <u>  27i  </u>		
g	Public support percentage (line 27e (numer				> 2	7g 9
<u>h</u>	Investment income percentage (line 18, col	umn (e) (numera	tor) divided by li	ne 27f (denomin	ator)). ▶ 2	7h 9
28	Unusual Grants: For an organization describe prepare a list for your records to show, for eadescription of the nature of the grant. Do not	ech vear, the nam	ne of the contribu	itor, the date and	amount of th	e grant and a brie

Par	Private School Questionnaire (See page 7 of the instructions.)  (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
9	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
0	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
11	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?  If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	¥ . *:	
2 a b	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		1
_	basis?	32b 32c 32d		
13	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  Does the organization discriminate by race in any way with respect to:		1	***
а	Students' rights or privileges?	33a		
c	Admissions policies?	33b 33c		
d	Scholarships or other financial assistance?	33d	<del> </del>	-
e	Educational policies?	33e	$\vdash$	├
f	Use of facilities?	33f	<del> </del>	$\vdash$
g	Athletic programs?	33g		$\vdash$
h	Other extracurricular activities?	33h		
34a	Does the organization receive any figuracial aid or assistance from a governmental agency?	34a	-	+
b	Has the organization's right to such aid ever been revoked or suspended?	34b	-	-

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . .

Par	t VI-A Lobbying Expenditures by Ele (To be completed ONLY by an					nstructio	ons.)	
Chec	k ▶ a ☐ if the organization belongs to an affilia				<i>.</i>	"limited c	ontrol"	provisions apply.
	Limits on Lobbyir (The term "expenditures" mear	•				(a) Affiliated g totals		(b) To be completed for ALL electing
36		<del></del>	<del></del>	3	-			organizations
37	Total lobbying expenditures to influence public Total lobbying expenditures to influence a legis			1 1 3	_			
38	Total lobbying expenditures (add lines 36 and 3			)/ N 3				<del></del> -
39	Other exempt purpose expenditures			<b>A</b> /\\ 3	9			
40	Total exempt purpose expenditures (add lines 3			4	0			
41	Lobbying nontaxable amount. Enter the amount	t from the followi	ng table—	•	-		100	
		bbying nontaxa		-			٠.	14
	Not over \$500,000			· · ] [	+			
	Over \$500,000 but not over \$1,000,000 . \$100,0				-		- , ,	N 282
	Over \$1,000,000 but not over \$1,500,000 . \$175,0 Over \$1,500,000 but not over \$17,000,000. \$225,0	100 plus 10% of the	•		+		العدادة	
		),000 p.u.s 5 % от ине ),000	-	500,000	-	do.	1 6	185
42	Grassroots nontaxable amount (enter 25% of li	4.45		4	2			······································
43	Subtract line 42 from line 36. Enter -0- if line 42	,		· · · -	<del>-   -</del>			<del></del>
44	Subtract line 41 from line 38. Enter -0- if line 4			4	4			
	Caution: If there is an amount on either line 43	or line AA wou n	wet file Form A	720	, <b>^</b>			
	<del></del>	· · · · · · · · · · · · · · · · · · ·						
	(Some organizations that made a section	eraging Period n 501(h) election	do not have to	complete all of	the f	ive colun	nns be	low.
	See the instructions for	or lines 45 throug	h 50 on page 1	1 of the instruc	tions	.)		
		Lob	bying Expendit	ures During 4-	Year	Averagi	ng Pe	riod
	Calendar year (or	(a)	(b)	(c)		(d)		(e)
	fiscal year beginning in) ▶	2005	2004	2003	-	2002	<u></u>	Total
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))		4_4_			e f	······································	
47	Total lobbying expenditures							
48	Grassroots nontaxable amount							
49	Grassroots ceiling amount (150% of line 48(e))					,		
50	Grassroots lobbying expenditures				-			
	rt VI-B Lobbying Activity by Nonelec	ting Public C	harities	1		<del></del> .		<u>L.</u>
	(For reporting only by organiza			Part VI-A) (Se	ee n	age 11	of the	e instructions )
	ng the year, did the organization attempt to influ	ence national, st	ate or local legis	slation, includin		<del></del>	$T^{}$	Amount
	mpt to influence public opinion on a legislative m	natter or referend	um, through the	use of:		-	╄	ļ
a	Volunteers				•	·	╁	1
b C	Paid staff or management (Include compensation Media advertisements.	on in expenses n	ported on lines	c unrough h.).	•	·	+	<del> </del>
ď	Mailings to members, legislators,  the public				•	·	†	
e	Publications, or published or broadcast statem		. ls /,		•	.	1	
f	Grants to other organizations for lobbying purp				•			
g	Direct contact with legislators, their staffs, gove		or a legislative	body				
h	Rallies, demonstrations, seminars, conventions						1	
i	Total lobbying expenditures (Add lines c through					. L		
	If "Yes" to any of the above, also attach a stat	ement giving a de	etailed description	on of the lobby	ing a	ctivities.		

ra		•	ransfers To and Transace page 12 of the instruction	<b>ctions and Relationships Wit</b> t ns.)	n Nonci	nantable
1	Did the reporting org	anization directly or	indirectly engage in any of the	following with any other organization on 527, relating to political organization		in section
a	Transfers from the re-	porting organization	to a noncharitable exempt orga	nization of:		Yes No
	(ii) Cash	· · · · · · ·			51a(i)	X
	(ii) Other assets .				a(ii)	X
b	Other transactions:				1 1	١,,,
	(i) Sales or exchan	ges of assets with a	noncharitable exempt organizat	tion	b(i)	*
	= = =	-	• •		b(ii)	<u> </u>
			er assets		b(iii)	7
	(iv) Reimbursement	· · · · · · · · · · · · · · · · · · ·			b(iv)	<u> </u>
	(v) Loans or loan gi	_			b(v)	X X X
	· · ·		hip or fundraising solicitations		b(vi)	<u> </u>
C			sts, other assets, or paid emplo	vees	C	一メ
	•	• • •	•	. Column (b) should always show the fa	ir market v	value of the
	goods, other assets,	or services given by	the reporting organization. If t	the organization received less than fair its, other assets, or services received:		
	(a) (b)	1	(c)	(d)	<del>~   3 · -</del>	
	e no. Amount involved	Name of nonc	haritable exempt organization	Description of transfers, transactions, and	sharing arra	ingements
_						
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				——————————————————————————————————————		
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		<del> </del>		<del></del>		
		501(c) of the Code (	other than section 501(c)(3)) or	ne or more tax-exempt organizations in section 527?	☐ Yes	; <b>№</b> No
	(a)		(b)	(c)		
	Name of orga	nization	Type of organization	Description of relations	ship 	
		·		<u> </u>		
				<u> </u>		
_			1/	<u> </u>		
			<u> </u>	<u></u>		
	<del></del>					
		·				

		First		Address	City	State	State Postal Code
State Board, Vice	Vice	Mario	Davis	221 Old Cedar Point	Chapin	SC	29036-
State Board, Treasurer I	Treasurer	Dan	Avant	26 Rhett's Bluff Road	Kiawah	SC	29455-
State Board, Secretary Willia	Secretary	Willia	Sinclair	50 Hunters Pond	Columbia	သင	29229-
State Board,	Chairman Paul	Paul	Holcomb	127 Valley Springs	Columbia	SC	29223-
State Board	: :	Phillip	Hendrick	5868 Juniper Bay	Conway	၁၄	29527-
State Board	,	Julie	Brenan	1215 Jennings Court	Columbia	၁၄	29204-
State Board		John	Fastenau	Fastenau 1415 Old Ivev Road Anderson	Anderson	SC	29621-

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