

2022

Laurens County

AMERICAN RESCUE PLAN ACT GRANT APPLICATION

Applications must be received by 4/1/2022

"Late Applications shall not be considered."

Return applications to: *Laurens County*
Attn: Administration
100 Hillcrest Square
Laurens, SC 29360

Or email to: ARPA@co.laurens.sc.us

Amount you are requesting:	\$ \$90,000.00
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SECTION I: ORGANIZATION INFORMATION

Name of Organization:	Bell Federation Center of the Blind
Contact Name and Title:	Ginger Landreth; Service Coordinator
Mailing Address:	1103 N. Harper St.
Street Address (if different)	
Phone Number:	864) 715-1239 (home)
City, State and Zip Code	Laurens SC 29360
Fax Number:	
Email Address:	gingerland1771@gmail.com
Website:	
How long has your organization been in existence?	51 years

GIVE A BRIEF STATEMENT OF NEED FOR AMERICAN RESCUE PLAN ACT (ARPA) FUNDS.

This section is limited to 2900 characters including spaces, which is approximately 400 words.

The Bell Federation Center of the Blind has a huge need for the American Rescue Plan Act. Our center services an average of 6,800 Laurens County citizens per year. For the past two years, our services have declined due to our financial resources during the pandemic. Just about all of our funding sources changed their criteria for funding eligibility to only include those organizations that directly fund families and individuals during the pandemic. As a result, our center was left without finances to maintain daily operations. We have however, maintained some of our transportation services which amount to approximately 6 percent of our available services. With the help of the ARPA grant, we can resume business as usual and continue to grow in our services as our community needs grow and evolve.

Our center is the only agency in Laurens County that caters to the blind and individuals with low vision. Without our services, the blind of Laurens would fall to the wayside. Not only do we cater to the blind, we screen all children in Laurens daycares ages 2 and up as well as all school age children in District 55 for vision and hearing. This very special program has been pushed to the back burner while our community struggled with Covid. We are anxious to resume our programming so we can continue to support our community.

PLEASE LIST OTHER CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT) / PAYCHECK PROTECTION PROGRAM (PPP) AND OR AMERICAN RESCUE PLAN ACT (ARPA) FUNDING YOUR ORGANIZATION RECEIVED (INCLUDING FROM OTHER GOVERNMENTS), THE AMOUNTS AND WHAT IT IS WAS USED FOR:

TYPE OF FUNDS RECEIVED CARES ACT/PPP AND OR ARPA	YEAR RECEIVED	DESCRIPTION OF WHAT FUNDS WERE USED FOR	AMOUNT
0	---	---	\$ 0
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

PLEASE COMPLETE THE FOLLOWING BUDGET BREAKDOWN SECTIONS ON THESE PAGES (NO ATTACHMENTS.) You may get these figures from your most recently submitted IRS Form 990, or you may simply use your overall operating budget.

1. CONTRIBUTIONS, GIFTS, GRANTS & OTHER SIMILAR AMOUNTS

SOURCE	FY 2019	FY 2020	FY 2021
Government Grants			
Municipal	\$ 0	\$ 0	\$ 0
County	\$ 5,000.00	\$ 1,625.00	\$ 1,125.00
State	\$ 0	\$ 0	\$ 0
Federal other than COVID-19 Funds	\$ 0	\$ 0	\$ 0
Foundation Grants	\$ 14,500.00	\$ 6,262.50	\$ 1,659.70
Contributions/Federated Campaigns	\$ 0	\$ 0	\$ 0
Membership dues	\$ 0	\$ 0	\$ 0
Fundraising events	\$ 4,935.42	\$ 278.91	\$ 2,436.05
TOTAL CONTRIBUTED INCOME	\$ 24,620.42	\$ 8,166.41	\$ 5,220.75

2. PROGRAM SERVICE REVENUE

SOURCE	FY 2019	FY 2020	FY 2021
Fees / Sold Services			
Services	\$	\$	\$
Tuition / Fees	\$	\$	\$
Workshops, Seminars, Lectures, etc.	\$	\$	\$
Other (specify)	\$	\$	\$
Other (specify)	\$	\$	\$
TOTAL PROGRAM SERVICES REVENUE	\$	\$	\$

3. OTHER REVENUE

SOURCE	FY 2019	FY 2020	FY 2021
Publications (Newsletters, etc.)	\$	\$	\$
Concessions and/or Merchandise	\$	\$	\$
Advertising	\$	\$	\$
Space Rental Fees	\$	\$	\$
Other (specify)	\$	\$	\$
Other (specify)	\$	\$	\$
TOTAL EARNED INCOME	\$	\$	\$

TOTAL COMBINED INCOME (1+2+3)	\$	\$	\$
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4. EXPENSES

	FY 2019	FY 2020	FY 2021
Program Services	\$ 8,568.53	\$ 1,588.21	\$ 613.10
Fundraising	\$ 35.00	\$	\$
Administration, Management, General	\$ 18,516.87	\$ 7,437.15	\$ 1927.90
Other (Specify)	\$	\$	\$
TOTAL EXPENSES	\$ 27,120.40	\$ 9,025.36	\$ 2541.00

If your organization receives "in-kind" support, please list below:

SOURCE	TYPE OF IN-KIND SUPPORT
individual donations	donations

List funds already committed for the project for FY 2022 and the sources of these funds.

SOURCE	AMOUNT
Laurens County	\$ 1,500.00
	\$
	\$
	\$
TOTAL	\$

Who in your organization is responsible for fundraising?

- Staff
 Board of Directors
 Consultants
 Members/Volunteers

5. Will your organization's 2022 budget be significantly different than 2021 and prior years?

- Yes (if yes, explain in the box below)
 No

This box is limited to 880 characters including spaces, which is approximately 125 words

Our annual budget has decreased during the years of 2020 and 2021. Due to the pandemic, we lost the majority of our funding. Most funding sources only allocated to direct covid programming expenses.

Our programs are centered around blindness, blindness prevention and blindness awareness with an emphasis of community support surrounding those areas.

We no longer qualified for the majority of the grants we have received during the past years. In order to maintain our nonprofit organization, the decision was made to stop programming for 2020 and 2021 so our funds could be used to maintain the power bill, phone bill and insurance on the van until we could secure additional funding with hopes of picking up where we left off with services to our community.

6. FUNDING REQUEST FOR BUDGET YEAR 2022

Please provide breakdown by categories:

CATEGORY	PROGRAM SERVICES FY 2022	ADMINISTRATIVE/ GENERAL FY 2022
Supplies	\$	\$ 1200.00
Equipment (specify)	\$	\$ 4000.00 utilities
Travel/Training	\$ 2700.00	\$
Personnel	\$	\$ 10,890.00
Marketing / Promotions	\$	\$
Other (specify) Direct Services	\$ 4820 direct services	\$
TOTAL REQUESTED	\$ 7,520.00	\$ 16,090

SECTION III: ORGANIZATIONAL PROFILE AND PROJECT DESCRIPTION

1. Briefly state the history and purpose of your organization.

This box is limited to 1400 characters including spaces, which is approximately 200 words.

The Bell Federation Center of the Blind has been operational since 1982. We are affiliated with the National Federation Center of the Blind of South Carolina which became operational in 1970. Our mission statement is: To empower the blind, promote awareness in the community and seek strategies for the prevention of blindness. Our various programming include: providing transportation and a sighted guide for the blind, we make sure every blind in the county has access to the State and National conventions which highlight blind specific laws and products that aren't accessible anywhere else, we screen all District 55 children for vision and hearing, we hold several community screenings each year which include vision, hearing, BMI, cholesterol and diabetes all free of charge, we have a financial aid program for less fortunate individuals who are in need of glasses, we also serve as a referral service for anyone in the county who needs anything.

2. Describe in detail how the pandemic has affected your organization.

This box is limited to 1400 characters including spaces, which is approximately 200 words.

As a result of the pandemic, our organization had to scale back our programming. We have only been able to pay utilities since March of 2020. We need this grant to revitalize our programming and services. All of our grants and funding were cut back to \$3500.00 per year total. The ARPA grant would allow us time to secure new funding sources and continue our programming.

3. How will any funding awarded be utilized?

This box is limited to 1400 characters including spaces, which is approximately 200 words.

All funds will be utilized to continue our daily operations and programming within our community. All areas of expenses will be covered for a period of three years so we can concentrate our efforts on programming and services rather than fundraising.

4. State your organization's ability to continue operations (i.e. current staffing levels, staff qualifications, prior experience, etc.)

This box is limited to 1400 characters including spaces, which is approximately 200 words.

Our organization will continue to operate as we did prior to the pandemic. We have one paid staff member. She has 22 years experience with working with the blind and our center.. We also have an advisory board and executive board.

5. Discuss your organization's relationship with other programs in the community designed to meet the same or similar needs, especially those that provide services/assistance to those most impacted by the pandemic. Describe collaborative partnerships that may result.

This box is limited to 1400 characters including spaces, which is approximately 200 words.

We partner with several agencies and businesses in Laurens County. We collaborate with Presbyterian Pharmacy School to offer free community screenings that include vision, hearing, BMI, cholesterol and diabetes assessments. We partner with Family Eye Care to offer free eye exams and glasses to those that are less fortunate. We work with the Lions Club (who provides volunteers) so that we can screen all school age children in District 55 for vision and hearing loss. We partner with the Laurens Museum and the Laurens Library to bring blindness awareness, blindness prevention and community screenings as well. We also provide programs for the blind of Laurens County that include transportation and a sighted guide, monthly meetings that discuss new laws pertaining to the blind and blind specific products. In addition, we provide social activities and retreats for the blind. We work with the Commission of the Blind to support our elderly blind in the community. We also partner with the State Library for free reading materials for those who are blind or have low vision. We have partnered with Self Regional Hospital System to provide diabetes education classes and CPR classes that are free and open to the public. The list of friends and associates we have is growing. We just need an opportunity to get our feet under us again.

6. What is your plan for continuing your program(s) in the future, including funding sources?

This box is limited to 1400 characters including spaces, which is approximately 200 words.

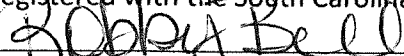
We fully expect to be able to carry our previous workload with the help of the ARPA grant. Prior to the pandemic, we provided community services to an average of 6,800 people annually. We are frugal and we stretch every penny to ensure our community gets the biggest bang for our buck. If you notice, our previous year's budget was only \$28,000. Just imagine, we paid all operational expenses, payroll expenses and programming expenses with that \$28,000.00, if you compare our budget with the number of people we serve in our community, you can understand just how economical we are.

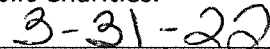
We are in the process of finding and securing future funding sources through grants and donations. Most of our previous allocators have adopted their pre-covid criteria. We hope to be able get at least a percentage of our pre-covid allocations.

We need your help to ensure our center can remain operational and functioning. Restructuring of our daily operations and programming shouldn't take long at all, however; we are asking for funding to carry us for three years so that we can concentrate on our programming rather than fund- raising while we secure future funding sources.

We have lost so many friends through the pandemic, please help us so we don't lose our community services and programming too.

I hereby certify that the applicant organization complies with all Americans with Disabilities Act requirements, and does not discriminate on the basis of race, color, age, sex, religion, sexual orientation, physical disability, or national origin, and that all funds that may be received by applicant organization from Laurens County will be solely used for the purposes set forth in this application and will comply with all laws and statutes. In particular, organizations receiving Community Assistance Funding will comply with state regulations requiring organizations to be registered with the South Carolina Secretary of State's Division of Public Charities.



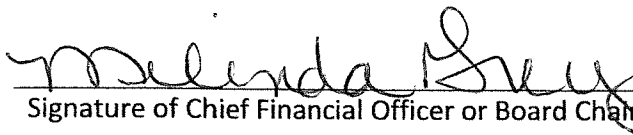


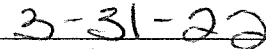
Signature of Chief Executive Officer or Executive Director

Date

Robby Bell; Director

Name and Title (please print)





Signature of Chief Financial Officer or Board Chairperson

Date

Melinda Grey; Advisory Board Chairman

Name and Title (please print)

Department of the Treasury

Internal Revenue Service
Washington, DC 20224

Date:

APR 23 1970

In reply refer to:

T:MS:EO:R:2-RWB

The South Carolina Aurora Club, Inc.
P.O. Box 4174
1829 Belmont Drive
Columbia, South Carolina 29204



Gentlemen:

This refers to the information submitted for use in determining the status of your affiliated clubs for Federal income tax purposes.

In a determination letter dated April 7, 1958, the District Director, Columbia, South Carolina, held that you are exempt from Federal income tax under the provisions of section 501(c)(3) of the Internal Revenue Code of 1954. This determination was applicable only to you and did not include any of your affiliated clubs.

Based on the information supplied, we rule that your affiliated clubs named on the group exemption roster you submitted are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, as it is shown that your listed affiliated clubs are organized and operated exclusively for charitable purposes.

In this letter we are not determining whether your affiliated clubs are private foundations as defined in new section 509(a) of the Code which sets forth requirements for establishing that an organization exempt under section 501(c)(3) is not a private foundation. When procedures are developed to implement these new requirements, we will advise you how to proceed to notify the Internal Revenue Service if you do not believe your affiliated clubs to be private foundations.

For years beginning prior to January 1, 1970, your affiliated clubs are required to file annual information returns on Form 990-A. For each subsequent year, they should refer to the instructions accompanying the Form

Re: The South Carolina Aurora Club, Inc.

990-A for that particular year to determine whether they are required to file. If filing is required, and if you do not include the affiliated clubs in a group return, each must file the Form 990-A by the 15th day of the fifth month after the end of its annual accounting period.

The new affiliated clubs are not required to file Federal income tax returns unless they are subject to the tax on unrelated business income under section 511 of the Code. If they are subject to this tax, they must file income tax returns on Form 990-T. In this letter we are not determining whether any of the affiliated clubs' present or proposed activities is unrelated trade or business as defined in section 513 of the Code.

Donors may deduct contributions to your exempt affiliated clubs as provided by section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for the use of the exempt affiliated clubs are deductible for Federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.

The exempt affiliated clubs are not liable for Federal unemployment taxes. They are liable for social security taxes only if they have filed waiver of exemption certificates as provided in the Federal Insurance Contributions Act. (Your District Director will be glad to tell you more about the latter point.)

Each year within 45 days after your annual accounting period closes, please send us two copies of the following information about your affiliated clubs:

1. A statement describing any changes during the year in the purposes, character or method of operation of your affiliated clubs.
2. A list of the names, mailing addresses including Postal ZIP Codes, and employer identification numbers (if required for group exemption letter purposes) of affiliated clubs on your group exemption roster that during the year:

Re: The South Carolina Aurora Club, Inc.

- a. changed names and addresses;
- b. were deleted from the roster;
- c. were added to the roster.

A directory of affiliated clubs may be substituted for this list if it includes the required information and identifies the affected affiliated clubs according to the three categories above.

3. For affiliated clubs added to the roster a letter signed by one of your principal officers containing or attaching:
 - a. a statement that the information upon which your present group exemption letter is based applies to the new affiliated clubs;
 - b. a statement that each has given you written authorization to add its name to the roster;
 - c. a list of those to which the Service previously issued rulings or determination letters relating to exemption.
4. If applicable, a statement that your group exemption roster did not change during the year.

You should advise each of your exempt affiliated clubs of the exemption and the pertinent provisions of this ruling.

The District Director of Internal Revenue for Exempt Organizations, Atlanta, Georgia, 30303, is being advised of this action.

Very truly yours,

John R. Barber

Chief, Rulings Section
Exempt Organizations Branch

Enclosures:
Rev. Proc. 68-13 for your
information

2021 Advisory Board

Robby Bell

[REDACTED]

Melinda Gray

[REDACTED]

Dr. Bernadine Donaldson

[REDACTED]

Nancy Taylor

[REDACTED]

Mike Ashmore

[REDACTED]

Keith Redding

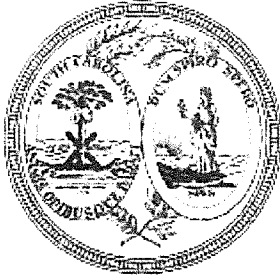
[REDACTED]

Doris Taylor

[REDACTED]

Ginger Landreth

[REDACTED]



State of South Carolina
Office of the Secretary of State
The Honorable Mark Hammond

Aug 22, 2021

Bell Federation Center of the Blind
Ginger Landreth
1103 N. Harper St.
Laurens, SC 29360

RE: Exemption Confirmation

Charity Public ID: C15558

Dear Ginger Landreth :

This letter confirms that the Secretary of State's Office has received and accepted your Application for Exemption. **If you submitted your Application for Exemption using the Charities Online Filing System, this letter of confirmation has been issued pending further review by Division of Public Charities staff.**

The exemption for your charitable organization will expire on Oct 15, 2022. If any of the information on your Application for Exemption form changes throughout the course of the year, please contact our office to make updates. It is important that this information remain updated so that our office can keep you informed of any changes that may affect your charitable organization. Additionally, if at any time your charitable organization no longer qualifies for an exemption, the organization must immediately register with the Secretary of State's Office. Please note that failure to comply with the registration provisions of the Solicitation of Charitable Funds Act may result in fines of up to \$2,000.00 for each separate violation.

If you have any questions or concerns, please visit our website at www.sos.sc.gov or contact our office using the contact information below.

Sincerely,

A handwritten signature in black ink, appearing to read "K. Wickersham", with a long horizontal line extending to the right.

Kimberly S. Wickersham
Director, Division of Public Charities

EXTENDED TO NOVEMBER 15, 2021

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FEDERATION OF THE BLIND OF SC AURORA CLUB GROUP RETURN		D Employer identification number 23-7121473
	Doing business as		E Telephone number (803) 254-3777
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 119 SOUTH KILBOURNE ROAD	G Gross receipts \$ 206,437.	
	City or town, state or province, country, and ZIP or foreign postal code COLUMBIA, SC 29205		H(a) Is this a group return for subordinates? STMT 2 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ 2074
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ N/A			
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ NONPR L Year of formation: 1961 M State of legal domicile: SC			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SERVE THE NEEDS OF THE BLIND IN THE COLUMBIA AREA.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	
	6	Total number of volunteers (estimate if necessary)	6	
	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 147,823.	Current Year 197,130.
	9	Program service revenue (Part VIII, line 2g)	1,002.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	41.	8.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,355.	9,299.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	160,221.	206,437.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,432.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	61,061.	59,726.
16 a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	108,073.	132,709.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	186,566.	196,634.
	19	Revenue less expenses. Subtract line 18 from line 12	-26,345.	9,803.
	20	Total assets (Part X, line 16)	Beginning of Current Year 52,731.	End of Year 62,338.
	21	Total liabilities (Part X, line 26)	3,151.	2,955.
22	Net assets or fund balances. Subtract line 21 from line 20	49,580.	59,383.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Valerie Warrington</i>		Date 11/13/21	
	VALERIE WARRINGTON, TREASURER Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name LEWIS R LEAPHART, JR	Preparer's signature LEWIS R LEAPHART, JR	Date 11/11/21	Check <input type="checkbox"/> self-employed PTIN P00219721
	Firm's name ▶ MCGREGOR AND COMPANY, LLP Firm's address ▶ POST OFFICE BOX 135 COLUMBIA, SC 29202			Firm's EIN ▶ 57-0292726 Phone no. (803) 787-0003

May the IRS discuss this return with the preparer shown above? See instructions Yes No

FEDERATION OF THE BLIND OF SC
AURORA CLUB GROUP RETURN

Form 990 (2020)

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TO SERVE THE NEEDS OF THE BLIND IN SOUTH CAROLINA

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 46,832. including grants of \$ _____) (Revenue \$ _____)

EMPLOYMENT ASSISTANCE: PROVIDING ASSISTANCE TO BLIND PEOPLE WHO ARE SOCIALLY AND ECONOMICALLY DISADVANTAGED

4b (Code: _____) (Expenses \$ 19,113. including grants of \$ _____) (Revenue \$ _____)

PUBLIC EDUCATION: ALERTING BLIND AND SIGHTED PERSONS ALIKE TO PROPER ATTITUDES TOWARD BLINDNESS. ALSO FINDING AND REACHING THE FULL POTENTIAL OF ALL BLIND PEOPLE.

4c (Code: _____) (Expenses \$ 99,403. including grants of \$ 4,199.) (Revenue \$ 1,524.)

OTHER PROGRAMS TO ASSIST THE BLIND

4d Other program services (Describe on Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶ 165,348.**

FEDERATION OF THE BLIND OF SC
 AURORA CLUB GROUP RETURN

Form 990 (2020)

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 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		X
4 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		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 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		X
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	X	
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		X
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		X
d 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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
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		X
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		X
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		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	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 2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	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	X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	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.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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.		
b	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	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	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 excess parachute payment(s) during the year?	15	X
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
	If "Yes," complete Form 4720, Schedule O.		

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Part VI 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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a	X	
10b	X	
11a		X
12a		X
12b		
12c		
13		X
14		X
15a		X
15b		X
16a		X
16b		

Section C. Disclosure

- 17 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 Upon request Other (explain on Schedule O)
- 19 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 ►
VALERIE WARRINGTON - (803) 254-3777
119 SOUTH KILBOURNE ROAD, COLUMBIA, SC 29205

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Part VII 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.

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 hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRANK LOZA BOARD MEMBER	2.00	X					0.	0.	0.	
(2) ED BIBLE CHAIRMAN	2.00	X		X			0.	0.	0.	
(3) DEBRA CANTY VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
(4) ISAIAH NELSON BOARD MEMBER	1.00	X					0.	0.	0.	
(5) LENORA ROBERTSON BOARD MEMBER	1.00	X					0.	0.	0.	
(6) JW SMITH BOARD MEMBER	1.00	X					0.	0.	0.	
(7) VALERIE WARRINGTON BOARD MEMBER	1.00	X					0.	0.	0.	
(8) SHANNON COOK SECRETARY	1.00	X		X			0.	0.	0.	
(9) JENNIFER BAZER BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	11,840.				
	f	All other contributions, gifts, grants, and similar amounts not included above	185,290.				
	g	Noncash contributions included in lines 1a-1f					
	h	Total. Add lines 1a-1f		197,130.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		8.		8.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	7,775.			
			(ii) Personal				
			6a	7,775.			
	b	Less: rental expenses	6b	0.			
	c	Rental income or (loss)	6c	7,775.			
	d	Net rental income or (loss)		7,775.		7,775.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a				
			b	Less: cost or other basis and sales expenses	7b		
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
8 a	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				
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
		b	Less: direct expenses	9b			
		c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	10a					
		b	Less: cost of goods sold	10b			
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue			Business Code				
	11 a	SALES TO PUBLIC	453000	1,524.	1,524.		
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		1,524.				
12	Total revenue. See Instructions		206,437.	1,524.	0.	7,783.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,199.	4,199.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	55,418.	46,385.	9,033.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	4,308.	3,606.	702.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	6,285.	5,260.	1,025.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	34,036.	28,488.	5,548.	
12 Advertising and promotion				
13 Office expenses	9,881.	8,270.	1,611.	
14 Information technology				
15 Royalties				
16 Occupancy	31,624.	26,469.	5,155.	
17 Travel	26.	21.	5.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,489.	1,246.	243.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,215.	3,528.	687.	
23 Insurance	8,325.	6,968.	1,357.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS	21,442.	17,947.	3,495.	
b EQUIPMENT RENTAL	7,065.	5,913.	1,152.	
c TELEPHONE	4,058.	3,397.	661.	
d PRINTING, PUBLICATIONS,	1,137.	952.	185.	
e All other expenses	3,126.	2,699.	427.	
25 Total functional expenses. Add lines 1 through 24e	196,634.	165,348.	31,286.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing	13,668.	1	27,491.	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	342,783.			
		10a				
	b	Less: accumulated depreciation	307,936.	39,063.	10c	34,847.
		10b				
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
14	Intangible assets		14			
15	Other assets. See Part IV, line 11		15			
16	Total assets. Add lines 1 through 15 (must equal line 33)	52,731.	16	62,338.		
Liabilities	17	Accounts payable and accrued expenses	3,151.	17	2,955.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	3,151.	26	2,955.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	40,246.	27	47,540.	
	28	Net assets with donor restrictions	9,334.	28	11,843.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
32	Total net assets or fund balances	49,580.	32	59,383.		
33	Total liabilities and net assets/fund balances	52,731.	33	62,338.		

Form 990 (2020)

FEDERATION OF THE BLIND OF SC
 AURORA CLUB GROUP RETURN

Form 990 (2020)

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Part XI Reconciliation of Net Assets

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	206,437.
2	Total expenses (must equal Part IX, column (A), line 25)	2	196,634.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,803.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	49,580.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	59,383.

Part XII 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	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? 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?		X
3b	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		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Name of the organization **FEDERATION OF THE BLIND OF SC** Employer identification number
AURORA CLUB GROUP RETURN **23-7121473**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 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).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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 supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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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.)

Section A. Public Support

Calendar 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.")	51,114.	126,685.	156,330.	147,823.	185,289.	667,241.
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	51,114.	126,685.	156,330.	147,823.	185,289.	667,241.
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.						667,241.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	51,114.	126,685.	156,330.	147,823.	185,289.	667,241.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,343.	2,387.	14,171.	10,456.	7,783.	39,140.
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.)	30,372.	14,150.	1,449.	940.	1,524.	48,435.
11 Total support. Add lines 7 through 10						754,816.
12 Gross receipts from related activities, etc. (see instructions)					12	3,003.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	88.40 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	82.72 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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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.)

Section A. Public Support

Calendar 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.")						
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 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						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
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						
c 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.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10e, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

FEDERATION OF THE BLIND OF SC

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.)

Section 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.		
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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 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).		
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?		
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.		
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.		
c 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 line 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.)		

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Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
	a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a	
	b A family member of a person described in line 11a above?	11b	
	c 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	

Section 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	
	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	

Section C. Type II Supporting Organizations

		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	

Section D. All Type III Supporting Organizations

		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	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.			
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 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 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	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? If "Yes" or "No" provide details in Part VI.	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	

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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.

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	
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):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

FEDERATION OF THE BLIND OF SC

Schedule A (Form 990 or 990-EZ) 2020 AURORA CLUB GROUP RETURN

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	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.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions 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		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if 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 and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization FEDERATION OF THE BLIND OF SC AURORA CLUB GROUP RETURN	Employer identification number 23-7121473
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Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization FEDERATION OF THE BLIND OF SC AURORA CLUB GROUP RETURN	Employer identification number 23-7121473
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BLUE CROSS BLUE SHIELD 2501 FARAWAY DRIVE COLUMBIA, SC 29223	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CASSELS FOUNDATION PO BOX 1691 COLUMBIA, SC 29201	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SC COMMISSION FOR THE BLIND 1430 CONFEDERATE AVENUE, PO BOX 2467 COLUMBIA, SC 29202	\$ 163,579.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	US SMALL BUSINESS ADMINISTRATION 1835 ASSEMBLY ST #358 COLUMBIA, SC 29201	\$ 11,840.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEDERATION OF THE BLIND OF SC AURORA CLUB GROUP RETURN	Employer identification number 23-7121473
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization FEDERATION OF THE BLIND OF SC AURORA CLUB GROUP RETURN	Employer identification number 23-7121473
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

FORM 990

LINE H(B) - LIST OF AFFILIATED
ORGANIZATIONS INCLUDED IN GROUP RETURN

STATEMENT 2

NAME OF ORGANIZATION

ORGANIZATION'S ADDRESS

EMPLOYER ID

FEDERATION CENTER OF THE BLIND

119 S KILBOURNE RD - COLUMBIA,
SC 29205

57-0787174

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 8, 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

2020

Open to Public Inspection

Name of the organization **FEDERATION OF THE BLIND OF SC**
AURORA CLUB GROUP RETURN Employer identification number **23-7121473**

Part I 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		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 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
a Total number of conservation easements	2a
b 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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 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 ▶ \$ _____
- 2 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 ▶ \$ _____

FEDERATION OF THE BLIND OF SC
 AURORA CLUB GROUP RETURN

Schedule D (Form 990) 2020

23-7121473 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		36,232.		36,232.
b Buildings		172,067.	149,552.	22,515.
c Leasehold improvements				
d Equipment		134,484.	158,384.	-23,900.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				34,847.

Schedule D (Form 990) 2020

FEDERATION OF THE BLIND OF SC
 AURORA CLUB GROUP RETURN

Schedule D (Form 990) 2020

23-7121473 Page 3

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

FEDERATION OF THE BLIND OF SC

Schedule D (Form 990) 2020

AURORA CLUB GROUP RETURN

23-7121473 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2020

Open to Public
Inspection

Name of the organization	FEDERATION OF THE BLIND OF SC AURORA CLUB GROUP RETURN	Employer identification number	23-7121473
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FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:

NONPROFIT

FORM 990, PART VI, SECTION B, LINE 11B:

THE RETURN IS REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO BEING FILED.

FORM 990, PART VI, SECTION C, LINE 19:

THE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING:

PROGRAM SERVICE EXPENSES	28,488.
MANAGEMENT AND GENERAL EXPENSES	5,548.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	34,036.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	34,036.

020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
9	IMPROVEMENTS	01/01/81	SL	10.00		16	2,333.				2,333.	2,333.	0.	0.	2,333.
10	ROOF W/ 20 YR. WARRANTY	12/31/90	SL	20.00		16	1,650.				1,650.	1,650.	0.	0.	1,650.
11	FULLY DEPRECIATED EQUIPMENT	VARIOUS		.000		HXL16	4,638.				4,638.	4,638.	0.	0.	4,638.
12	SHARP MODEL SF750 COPIER	01/01/83	SL	10.00		16	1,872.				1,872.	1,872.	0.	0.	1,872.
13	FILE CABINET-5 DRAWER	01/01/84	SL	10.00		16	206.				206.	206.	0.	0.	206.
14	FILE CABINET-3 DRAWER	01/01/84	SL	10.00		16	252.				252.	252.	0.	0.	252.
15	TELEPHONE SYSTEM	01/01/85	SL	10.00		16	2,217.				2,217.	2,217.	0.	0.	2,217.
16	LIGHT SENSORS	01/01/85	SL	10.00		16	86.				86.	86.	0.	0.	86.
17	SECURITY SYSTEM	01/01/85	SL	10.00		16	1,975.				1,975.	1,975.	0.	0.	1,975.
18	CALCULATOR	01/01/86	SL	10.00		16	52.				52.	52.	0.	0.	52.
19	COMPUTER	01/02/91	SL	10.00		HXL17	9,121.				9,121.	9,121.	0.	0.	9,121.
20	SOFTWARE	01/02/91	SL	10.00		HXL17	5,156.				5,156.	5,156.	0.	0.	5,156.
21	LASER PRINTERS - 2	01/02/91	SL	10.00		HXL17	1,923.				1,923.	1,923.	0.	0.	1,923.
22	BRAILLE PRINTER	01/02/91	SL	10.00		HXL17	3,310.				3,310.	3,310.	0.	0.	3,310.
23	FAX MACHINE	04/09/91	SL	10.00		HXL17	434.				434.	434.	0.	0.	434.
24	FULLY DEPRECIATED FURNISHINGS	VARIOUS		.000		HXL16	2,997.				2,997.	2,997.	0.	0.	2,997.
25	1983 FURNISHINGS	01/01/83	SL	10.00		16	5,010.				5,010.	5,010.	0.	0.	5,010.
26	1984 FURNISHINGS	01/01/84	SL	10.00		16	252.				252.	252.	0.	0.	252.

8111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
27	1985 FURNISHINGS	01/01/85	SL	10.00		16	221.				221.	221.	0.	0.	221.
28	1986 FURNISHINGS	01/01/86	SL	10.00		16	190.				190.	190.	0.	0.	190.
29	1987 FURNISHINGS	01/01/87	SL	10.00		HXL7	1,000.				1,000.	1,000.	0.	0.	1,000.
30	WATER FOUNTAIN	05/16/90	SL	10.00		HXL7	625.				625.	625.	0.	0.	625.
31	STACK CHAIRS	12/31/91	SL	10.00		HXL7	1,040.				1,040.	1,040.	0.	0.	1,040.
32	CONDENSOR	08/30/93	SL	10.00		HXL7	1,928.				1,928.	1,928.	0.	0.	1,928.
33	ARROW SHAPED SIGN	06/23/93	SL	10.00		HXL7	888.				888.	888.	0.	0.	888.
34	FULLY DEPRECIATED REC/ED EQUIP	VARIOUS		.000		HXL6	1,789.				1,789.	1,789.	0.	0.	1,789.
35	FULLY DEPRECIATED FOOD SERVICE	VARIOUS		.000		HXL6	5,100.				5,100.	5,100.	0.	0.	5,100.
36	CHINAWARE	01/01/87	SL	10.00		HXL7	5,769.				5,769.	5,769.	0.	0.	5,769.
37	MICROWAVE OVEN	01/01/87	SL	10.00		HXL7	167.				167.	167.	0.	0.	167.
38	ICE MACHINE-DONATE	12/31/90	SL	10.00		HXL7	1,200.				1,200.	1,200.	0.	0.	1,200.
39	TRIPLE BASIN SINK-DONATED	01/02/91	SL	10.00		HXL7	750.				750.	750.	0.	0.	750.
40	TI MICROLASER 600	04/18/95	SL	5.00		HXL7	1,670.				1,670.	1,670.	0.	0.	1,670.
41	2 SAM WORKSTATIONS	02/21/95	SL	5.00		HXL7	1,384.				1,384.	1,384.	0.	0.	1,384.
42	NOVELL & UPGRADES	02/21/95	SL	5.00		HXL7	3,006.				3,006.	3,006.	0.	0.	3,006.
43	IMAGEAKER BINDER	09/15/95	SL	5.00		HXL7	353.				353.	353.	0.	0.	353.
44	REPLACEMENT ROOF	12/11/96	SL	20.00		16	10,900.				10,900.	10,900.	0.	0.	10,900.

9111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
45	OFFICE EQUIPMENT	01/01/96	SL	10.00		HXL17	236.				236.	236.	0.	0.	236.
46	SOFA AND LOVE SEAT	11/18/98	SL	10.00			1,457.				1,457.	1,457.	0.	0.	1,457.
47	COMPUTER	04/24/98	SL	5.00			2,528.				2,528.	2,528.	0.	0.	2,528.
48	HP SCANNER	04/29/98	SL	5.00			315.				315.	315.	0.	0.	315.
49	TRAINING SOFTWARE	04/30/98	SL	5.00			221.				221.	221.	0.	0.	221.
50	COMPUTER EQUIPMENT	05/04/98	SL	5.00			1,291.				1,291.	1,291.	0.	0.	1,291.
51	COMPUTER LAB EQUIPMENT	05/12/98	SL	5.00			69.				69.	69.	0.	0.	69.
52	BUILDING IMPROVEMENTS	07/15/99	SL	20.00			26,285.				26,285.	26,285.	0.	0.	26,285.
53	FURNISHINGS	06/03/99	SL	10.00			2,454.				2,454.	2,454.	0.	0.	2,454.
54	A/C UNITS	07/15/99	SL	10.00			7,980.				7,980.	7,980.	0.	0.	7,980.
55	NEW CARPET	07/15/99	SL	10.00			1,734.				1,734.	1,731.	0.	0.	1,731.
56	COMPUTER	01/19/00	SL	5.00			5,314.				5,314.	5,314.	0.	0.	5,314.
57	HOT WATERHEATER	05/12/00	SL	10.00			1,290.				1,290.	1,290.	0.	0.	1,290.
58	REFRIGERATOR	10/18/00	SL	10.00			2,253.				2,253.	2,253.	0.	0.	2,253.
59	COMPUTER EQUIPMENT	01/01/02	SL	5.00			2,500.				2,500.	2,500.	0.	0.	2,500.
60	COMPUTER MONITORS	04/13/02	SL	5.00			2,346.				2,346.	2,346.	0.	0.	2,346.
61	SCANJET PRINTER	06/20/02	SL	5.00			624.				624.	624.	0.	0.	624.
62	SOFTWARE	08/19/02	SL	3.00			4,349.				4,349.	4,349.	0.	0.	4,349.

8111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
63	PRINTER/COPIER/SCANNER	06/17/02	SL	5.00	16	420.				420.	420.	0.	0.	420.
64	COMMERCIAL GAS RANGE/ OVEN	10/31/02	SL	10.00	16	2,700.				2,700.	2,700.	0.	0.	2,700.
65	INDEX BRAILLE EMOSSER	04/25/04	SL	10.00	16	3,987.				3,987.	3,987.	0.	0.	3,987.
66	SYSTEMAX H515 DESKTOP PC	06/09/05	SL	5.00	16	1,145.				1,145.	1,145.	0.	0.	1,145.
67	YAMAHA PA SYSTEM	06/14/05	SL	10.00	16	2,610.				2,610.	2,610.	0.	0.	2,610.
68	REFRIGERATOR S/N T0-9727K05	11/28/05	SL	10.00	16	2,634.				2,634.	2,634.	0.	0.	2,634.
69	WEBSITE UPGRADED SOFTWARE	01/17/07	SL	5.00	16	4,500.				4,500.	4,500.	0.	0.	4,500.
70	YORK GAS FURNACE	12/06/07	SL	10.00	16	2,710.				2,710.	2,710.	0.	0.	2,710.
71	COMPUTER	02/14/12	SL	5.00	16	3,294.				3,294.	3,294.	0.	0.	3,294.
72	FURNISHINGS	01/02/15	SL	10.00	16	925.				925.	465.	93.	93.	558.
73	BUILDING IMPROVEMENTS	01/15/15	SL	20.00	16	6,886.				6,886.	1,720.	344.	344.	2,064.
74	BUILDING IMPROVEMENTS	01/28/15	SL	20.00	16	600.				600.	148.	30.	30.	178.
75	PORTRAIT RESTORATION	02/03/15	SL	10.00	16	1,200.				1,200.	590.	120.	120.	710.
76	PARKING LOT FIXTURES	04/30/15	SL	10.00	16	372.				372.	173.	37.	37.	210.
77	FURNISHINGS	03/31/15	SL	10.00	16	1,103.				1,103.	523.	110.	110.	633.
78	ELECTRICAL IMPROVEMENTS	11/16/18	SL	20.00	16	2,300.				2,300.	125.	115.	115.	240.
79	EMBOSSIT UNIT & LETTER	02/16/18	SL	10.00	16	3,882.				3,882.	712.	388.	388.	1,100.
80	CLOVER FLEX DEVICE	10/02/18	SL	5.00	16	945.				945.	236.	189.	189.	425.

5111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

020 DEPRECIATION AND AMORTIZATION REPORT

JRM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL OTHER						331,916.				331,916.	302,715.		2,892.	305,607.
	* GRAND TOTAL 990 PAGE 10 DEPR						342,781.				342,781.	303,721.		4,215.	307,936.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property) 990

OMB No. 1545-0172

2020

Attachment
Sequence No. 179

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**FEDERATION OF THE BLIND OF SC
AURORA CLUB GROUP RETURN**

FORM 990 PAGE 10

23-7121473

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,590,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,215.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	4,215.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs		

FEDERATION OF THE BLIND OF SC
AURORA CLUB GROUP RETURN

Form 4562 (2020)

23-7121473 Page 2

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use: **25**

26 Property used more than 50% in a qualified business use:

	%

27 Property used 50% or less in a qualified business use:

	%	S/L -

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year:					
43 Amortization of costs that began before your 2020 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

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- CURRENT YEAR FEDERAL - FEDERATION OF THE BLIND OF SC
AURORA CLUB GROUP RETURN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
9	IMPROVEMENTS	010181SL	SL	10.00	16	2,333.			2,333.	2,333.		0.
	ROOF W/ 20 YR.											
10	WARRANTY	123190SL	SL	20.00	16	1,650.			1,650.	1,650.		0.
	FULLY DEPRECIATED											
11	EQUIPMENT	VARIES		.000	16	4,638.			4,638.	4,638.		0.
	SHARP MODEL SF750											
12	COPIER	010183SL	SL	10.00	16	1,872.			1,872.	1,872.		0.
	FILE CABINET-5											
13	DRAWER	010184SL	SL	10.00	16	206.			206.	206.		0.
	FILE CABINET-3											
14	DRAWER	010184SL	SL	10.00	16	252.			252.	252.		0.
15	TELEPHONE SYSTEM	010185SL	SL	10.00	16	2,217.			2,217.	2,217.		0.
16	LIGHT SENSORS	010185SL	SL	10.00	16	86.			86.	86.		0.
17	SECURITY SYSTEM	010185SL	SL	10.00	16	1,975.			1,975.	1,975.		0.
18	CALCULATOR	010186SL	SL	10.00	16	52.			52.	52.		0.
19	COMPUTER	010291SL	SL	10.00	17	9,121.			9,121.	9,121.		0.
20	SOFTWARE	010291SL	SL	10.00	17	5,156.			5,156.	5,156.		0.
21	LASER PRINTERS - 2	010291SL	SL	10.00	17	1,923.			1,923.	1,923.		0.
22	BRAILLE PRINTER	010291SL	SL	10.00	17	3,310.			3,310.	3,310.		0.
23	FAX MACHINE	040991SL	SL	10.00	17	434.			434.	434.		0.
	FULLY DEPRECIATED											
24	FURNISHINGS	VARIES		.000	16	2,997.			2,997.	2,997.		0.
25	1983 FURNISHINGS	010183SL	SL	10.00	16	5,010.			5,010.	5,010.		0.
26	1984 FURNISHINGS	010184SL	SL	10.00	16	252.			252.	252.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FEDERATION OF THE BLIND OF SC
AURORA CLUB GROUP RETURN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
27	1985 FURNISHINGS	010185SL		10.00	16	221.			221.	221.		0.
28	1986 FURNISHINGS	010186SL		10.00	16	190.			190.	190.		0.
29	1987 FURNISHINGS	010187SL		10.00	17	1,000.			1,000.	1,000.		0.
30	WATER FOUNTAIN	051690SL		10.00	17	625.			625.	625.		0.
31	STACK CHAIRS	123191SL		10.00	17	1,040.			1,040.	1,040.		0.
32	CONDENSOR	083093SL		10.00	17	1,928.			1,928.	1,928.		0.
33	ARROW SHAPED SIGN FULLY DEPRECIATED	062393SL		10.00	17	888.			888.	888.		0.
34	REC/ED EQUIP FULLY DEPRECIATED	VARIABLES		.000	16	1,789.			1,789.	1,789.		0.
35	FOOD SERVICE	VARIABLES		.000	16	5,100.			5,100.	5,100.		0.
36	CHINAWARE	010187SL		10.00	17	5,769.			5,769.	5,769.		0.
37	MICROWAVE OVEN	010187SL		10.00	17	167.			167.	167.		0.
38	ICE MACHINE-DONATE TRIPLE BASIN	123190SL		10.00	17	1,200.			1,200.	1,200.		0.
39	SINK-DONATED	010291SL		10.00	17	750.			750.	750.		0.
40	TI MICROLASER 600	041895SL		5.00	17	1,670.			1,670.	1,670.		0.
41	SAM WORKSTATIONS	022195SL		5.00	17	1,384.			1,384.	1,384.		0.
42	NOVELL & UPGRADES	022195SL		5.00	17	3,006.			3,006.	3,006.		0.
43	IMAGE MAKER BINDER	091595SL		5.00	17	353.			353.	353.		0.
44	REPLACEMENT ROOF	121196SL		20.00	16	10,900.			10,900.	10,900.		0.

020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FEDERATION OF THE BLIND OF SC
AURORA CLUB GROUP RETURN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
45	OFFICE EQUIPMENT	011019	6SL	10.00	17	236.			236.	236.		0.
46	SOFA AND LOVE SEAT	111189	8SL	10.00	16	1,457.			1,457.	1,457.		0.
47	COMPUTER	042498	8SL	5.00	16	2,528.			2,528.	2,528.		0.
48	HP SCANNER	042998	8SL	5.00	16	315.			315.	315.		0.
49	TRAINING SOFTWARE	043098	8SL	5.00	16	221.			221.	221.		0.
50	COMPUTER EQUIPMENT	050498	8SL	5.00	16	1,291.			1,291.	1,291.		0.
51	COMPUTER LAB EQUIPMENT BUILDING	051298	8SL	5.00	16	69.			69.	69.		0.
52	IMPROVEMENTS	071599	9SL	20.00	16	26,285.			26,285.	26,285.		0.
53	FURNISHINGS	060399	9SL	10.00	16	2,454.			2,454.	2,454.		0.
54	A/C UNITS	071599	9SL	10.00	16	7,980.			7,980.	7,980.		0.
55	NEW CARPET	071599	9SL	10.00	16	1,734.			1,734.	1,731.		0.
56	COMPUTER	011900	0SL	5.00	16	5,314.			5,314.	5,314.		0.
57	HOT WATERHEATER	051200	0SL	10.00	16	1,290.			1,290.	1,290.		0.
58	REFRIGERATOR	101800	0SL	10.00	16	2,253.			2,253.	2,253.		0.
59	COMPUTER EQUIPMENT	010102	0SL	5.00	16	2,500.			2,500.	2,500.		0.
60	COMPUTER MONITORS	041302	0SL	5.00	16	2,346.			2,346.	2,346.		0.
61	SCANJET PRINTER	062002	0SL	5.00	16	624.			624.	624.		0.
62	SOFTWARE	081902	0SL	3.00	16	4,349.			4,349.	4,349.		0.

3102 04-01-20

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

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- CURRENT YEAR FEDERAL - FEDERATION OF THE BLIND OF SC
AURORA CLUB GROUP RETURN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
63	PRINTER/COPIER/SCANNER	061702SL		5.00	16	420.			420.	420.		0.
64	COMMERCIAL GAS RANGE/ OVEN	103102SL		10.00	16	2,700.			2,700.	2,700.		0.
65	INDEX BRAILLE EMBOSSEY SYSTEM H515	042504SL		10.00	16	3,987.			3,987.	3,987.		0.
66	DESKTOP PC	060905SL		5.00	16	1,145.			1,145.	1,145.		0.
67	YAMAHA PA SYSTEM REFRIGERATOR S/N	061405SL		10.00	16	2,610.			2,610.	2,610.		0.
68	T0-9727K05 WEBSITE UPGRADED	112805SL		10.00	16	2,634.			2,634.	2,634.		0.
69	SOFTWARE	011707SL		5.00	16	4,500.			4,500.	4,500.		0.
70	YORK GAS FURNACE	120607SL		10.00	16	2,710.			2,710.	2,710.		0.
71	COMPUTER	021412SL		5.00	16	3,294.			3,294.	3,294.		0.
72	FURNISHINGS BUILDING	010215SL		10.00	16	925.			925.	465.		93.
73	IMPROVEMENTS BUILDING	011515SL		20.00	16	6,886.			6,886.	1,720.		344.
74	IMPROVEMENTS PORTRAIT	012815SL		20.00	16	600.			600.	148.		30.
75	RESTORATION PARKING LOT	020315SL		10.00	16	1,200.			1,200.	590.		120.
76	FIXTURES	043015SL		10.00	16	372.			372.	173.		37.
77	FURNISHINGS ELECTRICAL	033115SL		10.00	16	1,103.			1,103.	523.		110.
78	IMPROVEMENTS EMBOSSEY UNIT &	111618SL		20.00	16	2,300.			2,300.	125.		115.
79	LETTER	021618SL		10.00	16	3,882.			3,882.	712.		388.
80	CLOVER FLEX DEVICE	100218SL		5.00	16	945.			945.	236.		189.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FEDERATION OF THE BLIND OF SC
 AURORA CLUB GROUP RETURN

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL OTHER					331,916.		0.	331,916.	302,715.		2,892.
	* GRAND TOTAL 990 PAGE 10 DEPR					342,781.		0.	342,781.	303,721.		4,215.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

6. **FUNDING REQUEST FOR BUDGET YEAR 2022**

Please provide breakdown by categories:

CATEGORY	PROGRAM SERVICES FY 2022	ADMINISTRATIVE/ GENERAL FY 2022
Supplies	\$	\$ 1200.00
Equipment (specify)	\$	\$ 4000.00 utilities
Travel/Training	\$ 2700.00	\$
Personnel	\$	\$ 10,890.00
Marketing / Promotions	\$	\$
Other (specify) Direct Services	\$ 4820 direct services	\$
TOTAL REQUESTED	\$ 7,520.00	\$ 16,090

SECTION III: ORGANIZATIONAL PROFILE AND PROJECT DESCRIPTION

1. Briefly state the history and purpose of your organization.

This box is limited to 1400 characters including spaces, which is approximately 200 words.

The Bell Federation Center of the Blind has been operational since 1982. We are affiliated with the National Federation Center of the Blind of South Carolina which became operational in 1970. Our mission statement is: To empower the blind, promote awareness in the community and seek strategies for the prevention of blindness. Our various programming include: providing transportation and a sighted guide for the blind, we make sure every blind in the county has access to the State and National conventions which highlight blind specific laws and products that aren't accessible anywhere else, we screen all District 55 children for vision and hearing, we hold several community screenings each year which include vision, hearing, BMI, cholesterol and diabetes all free of charge, we have a financial aid program for less fortunate individuals who are in need of glasses, we also serve as a referral service for anyone in the county who needs anything.