Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2021

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Address change Doing business as 38-4033238 Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number Initial return Post Office Box 605 Gross receipts \$ 240 Application pending FName and address of principal officer: Robert D Drake H(a) is this a group return for subordinates? 240 Application pending FName and address of principal officer: Robert D Drake H(a) is this a group return for subordinates? Yes I Tax-exempt status: Solic(3) 501(c) () ◀ (neer no.) 4947(a)(1) or 527 If "No." attach a list. See instructions. J Website: Yewn (rscded.org) H(c) croup exemption number ▶ K Form of organization: Corporation Trust Association Other ▶ L Year of formation: 2018 M State of legal domicile: S Part I Summary I Briefly describe the organization's mission or most significant activities: The Fairfield County School District Education Continued on Schedule O, Statement 2) 2018 M state of legal domicile: S 2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3	12/31/2021	12/31/:	2021 calendar year, or tax year beginning 01/01/2021 and ending	A										
Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 803-633-4174 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 244 Amended return FName and address of principal officer: Robert D Drake H(a) is this a group return for subordinates? Ves 202 Hillcrest Drive, Winnsboro, SC 29180 H(b) Are all subordinates included? Ves Website: ▶ www.fcstede.org H(a) is this a group return for subordinates? Ves V Website: ▶ www.fcstede.org H(c) Group exemption number ▶ X Form of organization: Corporation Trut Association Other ▶ L Year of formation: 2018 M State of legal domicile: S Y Briefly describe the organization's mission or most significant activities: The Fairfield County School District Education forumation In the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 4 5 4 Number of independent voting members of the governing body (Part VI, line 1a) 7a 5 6 6	ION FOUNDATI(D Employer identification number	ION FOUNDATI	pplicable: C Name of organization FAIRFIELD COUNTY SCHOOL DISTRICT EDUCATI	в										
Initial return Post Office Box 605 803-633-4174 □ Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 240 □ Application pending F Name and address of principal officer. Robert D Drake H(a) is this a group return for subordinates? 240 □ Tax-exempt status: □ □ S01(c)(3) □ 1 Tax-exempt status: □ □ 1 Tax-exempt status: □ □ 1 Tax-exempt status: □ □ 1 Nebsite: > www.fcsded.org H(a) forup exemption number > K Vebsite: > www.fcsded.org H(a) forup exemption number > L Year of formation: 2018 M State of legal domicile: S Part I Summary 1 Briefly describe the organization's mission or most significant activities: The Fairfield County School District Education	38-4033238		hange Doing business as											
□ Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 244 □ Application pending F Name and address of principal officer: Robert D Drake H(a) Is this agroup return for subordinates? Yes 1 Tax-exempt status: > 501(c)(X) 501(c) (X) \$ 501(c) (X) (Insert no.) 4947(a)(1) or 527 H"No," attach a list. See instructions. J Website: > www.fcsded.org H(c) Group exemption number > K Form of organization: Corporation Trust Association Other > L Year of formation: 2018 M State of legal domicile: S Part I Summary 1 Briefly describe the organization's mission or most significant activities: The Fairfield County School District Education . f.continued on Schedule O, Statement 2) 2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of individuals employed in calendar year 2021 (Part VI, line 1a) 4 4 4 Number of individuals employed in calendar year 2021 (Part VI, line 2a) 5 5 5 Total number of individuals employed in calendar year 2021 (Part VI, line 2a) 5	Room/suite E Telephone number	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number												
Amended return Winnsboro, SC 29180 G Gross receipts \$ 240 Application pending F Name and address of principal officer: Robert D Drake 202 Hillcrest Drive, Winnsboro, SC 29180 H(a) Is this a group return for subordinates? Ves I Tax-exempt status: © 501(c)(3) 501(c) () < (insert no.) 4947(a)(1) or 527 H", No." attach a list. See instructions. J Website: www.fcsded.org H(c) Group exemption number > K K Form of organization: Corporation Trust Association Other > L Year of formation: 2018 M State of legal domicile: S Part I Summary 1 Briefly describe the organization's mission or most significant activities: The Fairfield County by providing Quality education (Continued on Schedule O, Statement 2) 2 2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of indipendent voting members of the governing body (Part VI, line 1a) 4 4 4 Number of indipendent voting members of the governing body (Part VI, line 2a) 5 5 6 Total number of volunteers (estimate if necessary) - - 7a	803-633-4174		Post Office Box 605											
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202 Hillcrest Drive, Winnsboro, SC 29180 Hb) Are all subordinates included? ☐ Yes I Tax-exempt status: ≤ 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 Hc) Are all subordinates included? ☐ Yes J Website: ▶ www.fcsded.org Hc) Group exemption number ▶ K Form of organization: © Corporation Tust Association Other ▶ L Year of formation: 2018 M State of legal domicile: S Part II Summary I Briefly describe the organization's mission or most significant activities: The Fairfield County School District Education (Continued on Schedule 0, Statement 2) 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a)	G Gross receipts \$ 240,070													
I Tax-exempt status: ✓ 501(c)(3) 501(c)(1) ◄ (insert nc.) ↓ 4947(a)(1) or 527 If "No," attach a list. See instructions. J Website: ▶ www.fcsded.org H(c) Group exemption number ▶ K Form of organization: Corporation Trust Association Other ▶ L Year of formation: 2018 M State of legal domicile: S Part I Summary 1 Briefly describe the organization's mission or most significant activities: The Fairfield County School District Education Foundation exists for the purpose of increasing opportunities for students in Fairfield County School District Education (Continued on Schedule 0, Statement 2) 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of individuals employed in calendar year 2021 (Part VI, line 1a) 4 4 Number of individuals employed in calendar year 2021 (Part VI, line 12) 5 6 Total number of volunteers (estimate if necessary) 6 7a 6 Total unrelated business revenue from Form 990-T, Part I, line 11 7b 7a 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0 0 <t< th=""><th>H(a) Is this a group return for subordinates? Set Yes Vo</th><th>H(a) Is this a gro</th><th>n pending F Name and address of principal officer: Robert D Drake</th><th></th></t<>	H(a) Is this a group return for subordinates? Set Yes Vo	H(a) Is this a gro	n pending F Name and address of principal officer: Robert D Drake											
J Website: ▶ www.fcsded.org H(c) Group exemption number ▶ K Form of organization: [] Corporation] Trust] Association] Other ▶ L Year of formation: 2018 M State of legal domicile: S Part1 Summary 1 Briefly describe the organization's mission or most significant activities: The Fairfield County School District Education [Continued on Schedule 0, Statement 2] 1 2 Check this box ▶] if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a)	H(b) Are all subordinates included? Yes No	H(b) Are all si	202 Hillcrest Drive, Winnsboro, SC 29180											
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Part I Summary 1 Briefly describe the organization's mission or most significant activities: The Fairfield County School District Education Foundation exists for the purpose of increasing opportunities for students in Fairfield County by providing Quality education (Continued on Schedule O, Statement 2) 2 Check this box ▶ ☐ 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)	H(c) Group exemption number ►	H(c) Group e:	www.fcsded.org	J										
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Foundation exists for the purpose of increasing opportunities for students in Fairfield County by providing Quality education (Continued on Schedule O, Statement 2) 2 Check this box ▶ ☐ 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)			Summary	Ρ										
B Net unrelated business taxable income from Form 990-T, Part I, line 11	airfield County School District Education	airfield County S	Briefly describe the organization's mission or most significant activities: The Fa											
B Net unrelated business taxable income from Form 990-T, Part I, line 11	field County by providing Quality education for	field County by p	Foundation exists for the purpose of increasing opportunities for students in Fairf	e										
B Net unrelated business taxable income from Form 990-T, Part I, line 11			(Continued on Schedule O, Statement 2)	าลท										
B Net unrelated business taxable income from Form 990-T, Part I, line 11	d of more than 25% of its net assets.	d of more than	Check this box \blacktriangleright [] if the organization discontinued its operations or disposed	/en										
B Net unrelated business taxable income from Form 990-T, Part I, line 11	3		Number of voting members of the governing body (Part VI, line 1a)	ğ										
B Net unrelated business taxable income from Form 990-T, Part I, line 11	b) 4 12	b)												
B Net unrelated business taxable income from Form 990-T, Part I, line 11	5 0		6 Total number of volunteers (estimate if necessary)											
B Net unrelated business taxable income from Form 990-T, Part I, line 11	· · · · · 6 12													
8Contributions and grants (Part VIII, line 1h)Prior YearCurrent Year9Program service revenue (Part VIII, line 2g)12,88724010Investment income (Part VIII, column (A), lines 3, 4, and 7d)011Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)012Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1–3)013Grants and similar amounts paid (Part IX, column (A), line 4)014Benefits paid to or for members (Part IX, column (A), line 4)0	7a 0													
8Contributions and grants (Part VIII, line 1h)12,8872409Program service revenue (Part VIII, line 2g)112,88724010Investment income (Part VIII, column (A), lines 3, 4, and 7d)011Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)012Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1–3)013Grants and similar amounts paid (Part IX, column (A), line 4)014Benefits paid to or for members (Part IX, column (A), line 4)0	7b 0		Net unrelated business taxable income from Form 990-T, Part I, line 11											
9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12,887 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0	Prior Year Current Year	Prior Year												
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12,887 240 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 24 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0	12,887 240,070		Contributions and grants (Part VIII, line 1h)	e										
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14 Benefits paid to or for members (Part IX, column (A), line 4)	12,887 240,070		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)											
	0 24,724													
a 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0														
9 16a Professional fundraising fees (Part IX column (A) line 11e)	0 0			es										
	0 0		Professional fundraising fees (Part IX, column (A), line 11e)	sue										
b Total fundraising expenses (Part IX, column (D), line 25) ► 0				ďX										
	1,136 1,295			ш										
	1,136 26,019													
			Revenue less expenses. Subtract line 18 from line 12											
b solutionBeginning of Current YearEnd of Year20Total assets (Part X, line 16)21,79023521Total liabilities (Part X, line 26)022Net assets or fund balances. Subtract line 21 from line 2021,790235	Beginning of Current Year End of Year	Beginning of Curr		s or										
ថ្លីធ្លូ 20 Total assets (Part X, line 16)	21,790 235,841			sset										
ទីក្តីខ្លី 21 Total liabilities (Part X, line 26)				et A f										
² ⊥ ² ⊥ ² 2 ²	21,790 235,841													

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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 Robert Drake, Treasurer			Dat	e		
	Type or print name and title				1		
Paid Preparer	Print/Type preparer's name	Date		Check if self-employed	PTIN		
Use Only	Firm's name	irm's name 🕨					
Use Only	Firm's address ►	Pho	ne no.				
May the IRS	discuss this return with the prep	arer shown above? See instructions	s			Yes	🗌 No
Fax Damamus	de Deduction Act Notice and the c	an analy in stand in a		110001/			

For Paperwork Reduction Act Notice, see the separate instructions.

	90 (2021) Page
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Fairfield County School District Foundation exists for the purpose of increasing opportunities for students in Fairfield County by providing quality education.
	by providing quality education.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 b 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 \$ 20,000 including grants of \$ 20,000) (Revenue \$ 20,000)
	Dominion Energy has given \$10,000 in years 2019, 2020 and 2021 to the Foundation in support of a student journalism project
	based at Fairfield Central High School. These funds have been distributed to the Fairfield County School District to defray costs
	associated with the production and distribution of this student publication. An estimated 25 students are engaged in this project.
	Note that because of disruptions caused by the covid 19 pandemic in 2020, funds received in 2020 from Dominion were not distributed to the district until 2021.
4b	(Code:) (Expenses \$3,500 including grants of \$3,500) (Revenue \$0)
	The Foundation awarded seven \$500.00 scholarships to graduating seniors from Fairfield Central High School for the purpose of
	assisting them in their pursuit of a college degree. Two Scholarships were awarded in memory of Mr. Kelly Craig, two were
	awarded in memory of Mr Sammy Cornelius and four were given by the Foundation on behalf of corporate donors.
4.0	
4c	(Code:) (Expenses \$ 1,424 including grants of \$ 0) (Revenue \$ 0)
	The Fairfield Central High School Class of 2021 numbered 125 graduates. In recognition of their accomplishments, the Foundation
	has given each graduate a commemorative tee shirt and purchased outdoor advertising to increase public awareness.
4d	Other program services (Describe on Schedule O.) See Schedule O, Statement 3
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 220,000)
4e	Total program service expenses ► 24,924
+0	21/21

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~
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? <i>If "Yes," complete Schedule C, Part II</i>	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		~
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? <i>If "Yes," complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		~
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
С	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? <i>If "Yes," complete Schedule D, Part VIII</i> .	11c		~
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		~
5	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		~
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>			
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.	15 16		~ ~
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	~	

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Part	V Checklist of Required Schedules (continued)		1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		Yes	No
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> .	22		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	20 24a		~
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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>	24d 25a		~
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>	25b		~
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>	26		~
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>	27		~
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		~
b C	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		~ ~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30	~	~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 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>	31		v v
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>	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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> .	35a 35b		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
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>	37		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	
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			
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-	Yes	No
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		~

Form 99			F	Page 5
Part			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? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
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		~
b	If "Yes," enter the name of the foreign country			
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		~
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		~
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).	do		
'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		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
а	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13 а	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	.00		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
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		~
10	If "Yes," see the instructions and file Form 4720, Schedule N.	40		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form **990** (2021)

	Check if Schedule O contains a response or note to any line in this Part VI			. 🗸
Secti	ion 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 1a	12		
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b	12 ith		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wi any other officer, director, trustee, or key employee?			r
3	Did the organization delegate control over management duties customarily performed by or under the dire supervision of officers, directors, trustees, or key employees to a management company or other person? .			~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	d? 4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			~
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoi			
	one or more members of the governing body?			~
b	Are any governance decisions of the organization reserved to (or subject to approval by) member			
	stockholders, or persons other than the governing body?			~
8	Did the organization contemporaneously document the meetings held or written actions undertaken durin the year by the following:	ng		
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?		~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	v		~
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Re	venue C	· · · · · · · · · · · · · · · · · · ·)
40			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapter affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form		-	
11a b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	V	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict:	-	-	
č	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes			
	describe on Schedule O how this was done.		:	~
13	Did the organization have a written whistleblower policy?	13		~
14	Did the organization have a written document retention and destruction policy?			~
15	Did the process for determining compensation of the following persons include a review and approval l independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official	15a		~
b	Other officers or key employees of the organization			~
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangeme			
	with a taxable entity during the year?			~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the steps are straight to be a steps to be applied by the steps are steps as a step of the	he		
	organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► SC
- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (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)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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 Robert D Drake, (803)633-4174

Page 6

Form 990 (2021)

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. ~ .

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

				(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average			heck more than on ss person is both a				Reportable	Reportable	Estimated amount
	hours					or/trust		compensation	compensation	of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
Dr Susan S Rex	8.00									
Chairman		~			~			0	0	0
Daryl Huger	4.00									
Vice Chairman	0.00	~		~				0	0	0
Clem Wood	4.00									
Secretary	0.00	~		~				0	0	0
Robert D Drake	8.00									
Treasurer		~		~				0	0	0
Sandra Ross Johnson	4.00									
Board Member		~						0	0	0
William Frick	4.00									
Board Member	0.00	~						0	0	0
Lisa Brandenburg	4.00									
Board Member	0.00	~						0	0	0
Dr Shirley Seibles	4.00									
Board Member	4.00	~						0	0	0
Larry Johnson	6.00									
Assistant Treasurer	0.00	~		~				0	0	0
Shannon Taylor	4.00									
Board Member	0.00	~						0	0	0
Veronica Thomas	4.00									
Board Member	4.00	~						0	0	0
Dr J R Green	8.00									
Ex officio Board Member	0.00	~						0	0	0
		-								
	+									

Part VII Section A. Officers, Directors	, Trustees,	Key	Em	ploy	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (continuea
				(0	C)						
(A)	(B)			Pos	sition			(D)	(E)		(F)
Name and title					e than c		Reportable	Report		Estimated amount	
Name and the	is both or/trust		compensation	compen		of other					
		r - ́	from the	from re		compensation					
	(list any	or d	nst	Officer	ey	High	Former		organizatio		from the
	hours for related	Individual t or director	t t	ĕ	Key employee	lest	ner	1099-MISC/ 1099-NEC)	1099-N 1099-N		organization and
	organizations	jờ a	ona		탕	e co		1099-NEC)	1099-1	NEC)	related organizations
	below	or director	l tr		yee	npe					
	dotted line)	tee	Institutional trustee			ssue					
			ď			Highest compensated employee					
		-									
		-									
					-						
		-									
		-									
		-									
1b Subtotal			·	·	• •	•		0		0	
c Total from continuation sheets to Pa	rt VII, Sectio	on A	•		• •						
								0		0	C
2 Total number of individuals (including a		d to th	iose	e list	ted	above	e) w	ho received mor	e than \$1	00,000	of
reportable compensation from the orga	anization 🕨							0			
								-			Yes No
3 Did the organization list any former	officer, dire	ector,	tru	ste	e, k	key er	mpl	loyee, or highes	st compe	ensated	
employee on line 1a? If "Yes," complete	e Schedule J	l for si	uch	ind	ividu	Jal					3 🖌
4 For any individual listed on line 1a, is t	he sum of re	porta	ble	con	nper	nsatio	n a	nd other compe	nsation fr	om the	
organization and related organization											
individual											4 🗸
5 Did any person listed on line 1a receive	or accrue c	omne	nsa	tion	froi	m anv	/ IIn	related organizat	tion or ind	leuhivit	
for services rendered to the organization											
•	<i>in: ii 103, 0</i>	Joinpi	010	00/	icut		01 3			• •	5 🖌 🖌
Section B. Independent Contractors 1 Complete this table for your five h	aboet como	onort	<u></u>	ind		ndant		ntractore that	aceived	more	than \$100.000 -
1 Complete this table for your five h compensation from the organization. Re											
	sport comper	isatio	10		Jud	Giludi	i ye T	-		e organ	-
(A)	ddross							(B)	licos	.	(C)
Name and business a	1001855							Description of serv	1085	· · · · ·	Compensation
None											
							1			1	

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	

Part	VIII	Statement of Revenue Check if Schedule O contains a re	espon	ise or note to an	ly line in this Pa	art VIII		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts, ts	1a	Federated campaigns	1a	0				
un	b	Membership dues	1b	0				
ŋ ŋ	С	Fundraising events	1c	0				
fts, r A	d	Related organizations	1d	0				
t, Gifts, Grants, milar Amounts	е	Government grants (contributions)	1e	220,000				
	_	• • • • • • • • • • • • • • • • • • •						

i Gil	е	Government grants (contributions)	le	220,000				
Contributions, Gif and Other Simila	f	All other contributions, gifts, grants,						
utio ler		and similar amounts not included above	1f	20,070				
<u>ę</u> į	g	Noncash contributions included in						
nd			lg					
<u>a</u> õ	h	Total. Add lines 1a-1f			240,070			
0				Business Code				
/ice	2a							
Program Service Revenue	b							
Jram Ser Revenue	C							
Tar Jev	d							
б, г	e							
4	t	All other program service revenue .						
	g	Total. Add lines 2a–2f			0			
	3	Investment income (including divider other similar amounts)						
	4	Income from investment of tax-exempt						
	5	Royalties	•	(ii) Personal				
	60							
	6a	Gross rents 6a Less: rental expenses 6b						
	b	Rental income or (loss) 6c	0	0				
	c d							
	7a	Gross amount from (i) Securities	_	(ii) Other				
	10	sales of assets		(
		other than inventory 7a						
Ð	b	Less: cost or other basis						
nu		and sales expenses . 7b						
eve	c	Gain or (loss) 7c	0	0				
Other Revenue	d	Net gain or (loss)		🕨				
the	8a	Gross income from fundraising						
ō		events (not including \$0						
		of contributions reported on line						
			Ba					
	b	· · ·	3b					
	С	Net income or (loss) from fundraising e	eve	nts 🕨				
	9a	Gross income from gaming						
)a					
	b)b					
	C	Net income or (loss) from gaming activ	vitie	s 🕨				
	IUa	Gross sales of inventory, less returns and allowances 1						
	h	•	0а 0ь					
		Less: cost of goods sold 1 Net income or (loss) from sales of inve	0b	rv 🕨				
	C			Business Code				
Miscellaneous Revenue	11a			Dusiness Oue				
une.	b							
scellaneo Revenue	c							
Re	d	All other revenue						
Σ	e	Total. Add lines 11a–11d			0			
	12	T 1 1 0 1 1 1		· · · · · ·	240,070	0	0	0
			•		210,070	0	v	

	IX Statement of Functional Expenses				Page 10
Sectior	n 501(c)(3) and 501(c)(4) organizations must compl				
D	Check if Schedule O contains a response				<u> </u> (D)
	t include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising
	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21 .	20,000	20,000		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	4,724	4,724		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0	0		
	Benefits paid to or for members	0	0		
	Compensation of current officers, directors, trustees, and key employees	_	_		
	Compensation not included above to disqualified	0	0	0	
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	
7	Other salaries and wages	0	0	0	
	Pension plan accruals and contributions (include	0	0	0	
	section 401(k) and 403(b) employer contributions)	0	0	0	
9	Other employee benefits	0	0	0	
	Payroll taxes	0	0	0	
11	Fees for services (nonemployees):				
а	Management	0	0	0	
b	Legal	0	0	0	
С	Accounting	0	0	0	
d		0	0	0	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0	0	0	
9	(A), amount, list line 11g expenses on Schedule O.)	0	0	0	
12	Advertising and promotion	200	200	0	
	Office expenses	105	200	105	
	Information technology	0	0		
15	Royalties	0	0		
16	Occupancy	0	0		
17	Travel	0	0		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0		
	Conferences, conventions, and meetings .	0	0		
20		0	0		
	Payments to affiliates	0	0		
		990	0	990	
	Other expenses. Itemize expenses not covered	770			
	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.)				
а					
b					
С					
d					
e	All other expenses				
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	26,019	24,924	1,095	0
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here \blacktriangleright if				
	following ŠOP 98-2 (ASC 958-720)				

Form 990 (2021)

	n 990 (2				Page 11
Ρ	art X				_
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		
	1	Cash-non-interest-bearing	21,790	1	15,841
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	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	0	5	0
	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) .	0	6	0
s	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
Ą	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 220,000			
	b	Less: accumulated depreciation 10b 0	0	10c	220,000
	11	Investments-publicly traded securities	0	11	0
	12	Investments-other securities. See Part IV, line 11	0	12	0
	13	Investments-program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	21,790	16	235,841
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
Liabilities	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D 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	0	21	0
-iat	00		0	22	0
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	0	23 24	0
	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	0		0
	•••		0	25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
nces		Organizations that follow FASB ASC 958, check here ► ✓ and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	18,490	27	10,026
Net Assets or Fund Balances	28	Net assets with donor restrictions	3,300	28	225,815
۲ ۲		and complete lines 29 through 33.			
s	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
let	32	Total net assets or fund balances	21,790	32	235,841
Z	33	Total liabilities and net assets/fund balances	21,790	33	235,841

Form **990** (2021)

Form 99	90 (2021)			Pa	age 1 2
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	• •	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		24	0,070
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	6,019
3	Revenue less expenses. Subtract line 2 from line 1	3		21	4,05
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2	1,79
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			(
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		23	5,841
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: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain	on		
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 con reviewed on a separate basis, consolidated basis, or both:				~
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ted on	-		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accounta				
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	kplain	on		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A-133?	rth in t · · · ·	he 3a		~
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lerao t			

Form **990** (2021)

SCH	EDU	LE	Α	
(Form	990	or 9	90-EZ	۱

Public Charity Status and Public Support

OMB No. 1545-0047

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.

20**21** Open to Public Inspection

Employer identification number

38-4033238

Name of the organization

FAIRFIELD COUNTY SCHOOL DISTRICT EDUCATION FOUNDATION

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).)
- 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 331/3% 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 331/3% 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 on 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))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Fairfield County School District (A)						
	57-6000348	10	~		20,000	0
(B)						
(C)						
(D)						
(E)						
Total					20,000	0

Schedule A (Form 990 or 990-EZ) 2021

1

Part IISupport 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.)

Secti	on A. Public Support			-			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support		1	1	1	1	1
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
9	similar sources						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the organization, check this box and stop here	organization'	s first, second	l, third, fourth,	or fifth tax ye	12 ear as a sectio	
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2021 (line 6			11. column (f))		14	%
15 16a	Public support percentage from 2020 Sch 33 ¹ / ₃ % support test-2021. If the organi	nedule A, Part ization did not	II, line 14 . check the box	 x on line 13, a	 nd line 14 is 3	15 3 ¹ /3% or more,	% check this
b	box and stop here. The organization qual 33 ¹ / ₃ % support test — 2020. If the organization this box and stop here. The organization	zation did not	check a box o	on line 13 or 16	Sa, and line 15	is 331/3% or m	nore, check
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization m Part VI how the organization meets the organization .	eets the facts facts	-and-circumst umstances tee	ances test, ch st. The organiz	eck this box a	and stop here.	. Explain in
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the fa e facts-and-cir	acts-and-circu cumstances te	mstances test, est. The organ	, check this bo ization qualifie	ox and stop he	re. Explain
18	Private foundation. If the organization of instructions						

Schedule A (Form 990 or 990-EZ) 2021

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support			-			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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	•			-		
<u> </u>	organization, check this box and stop her						🕨
	on C. Computation of Public Suppor						
15	Public support percentage for 2021 (line 8		,	, , , , , , , , , , , , , , , , , , , ,		15	%
<u>16</u>	Public support percentage from 2020 Sch					16	%
	on D. Computation of Investment Inc		-	Nulline 10'	(f)	47	0/
17 10	Investment income percentage for 2021 (I			-		17	%
18 10a	Investment income percentage from 2020					18	%
19a	$33^{1}/_{3}\%$ support tests – 2021. If the organi 17 is not more than $33^{1}/_{3}\%$, check this box a						
h		-	-			-	
b	331 /3% support tests — 2020. If the organization line 18 is not more than 331/3%, check this b						
20		-	-	-			
20	Private foundation. If the organization did	и пот спеск а	box on line 14	, 19a, or 19D, (

Schedule A (Form 990 or 990-EZ) 2021

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

- 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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.)

Fait	v.)	
	V-	NJ -
	Yes	No
1	~	
2		~
3a		~
3b		
3c		
4a		~
4b		
4c		
5a		~
5b 5c		
50		
6		~
7		~
8		~
9a		~
9b		~
•		
9c		~
10a		~
10b		

Part IV Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and Image: Control of the following persons is a control of the following person of the following persons is a control of t

- a A person who directly or indirectly controls, either alone or together with persons described on lines 11c 11c below, the governing body of a supported organization?
- **b** A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI.**

Section B. Type I Supporting Organizations

- 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.
- 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.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

- 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?
 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported
- 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).
- **3** By reason of the relationship described on 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.*

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 I The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c In 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.
- b Did the activities described on 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.
- 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.*
- **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.

Yes No

Yes

11a

11b

11c

2

Schedule A (Form 990 or 990-EZ) 2021

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No

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.

Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check have if the every is the every isation's first on a new function.			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2021

Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continue	ed)	
Sect	on D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	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 whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	8	
9	Distributable amount for 2021 from Section C, line 6			9	
0	Line 8 amount divided by line 9 amount			10	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е					
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990 or 990-EZ) 2021

Page 8

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

Schedule A, Part IV, Section E, Line 1c - The Foundation funded activities to recognize the accomplishments of the graduating Class of 2021 by purchasing advertising in an effort to raise public awareness of their success in the classroom. It also purchased commemorative items marking their graduation. As previously cited, the Foundation raised funds to give \$500 scholarships to graduates who were pursuing College degrees.

Schedule A, Part IV, Section E, Line 2a - Funds given to Fairfield County School District were used to support production and distribution costs of student publication. Scholarships given to graduating seniors enabled recipients to continue their post secondary education.

SCHEDULE	D
(Form 990)	

Department of the Treasury

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990.

. .. .-----.

2021 **Open to Public**

OMB No. 1545-0047

	Revenue Service Go to www	w.irs.gov/Form	990 for instructions and	the latest informa	tion.	Inspection
Name	of the organization				Employer identi	fication number
-	FIELD COUNTY SCHOOL DISTRICT EDU					88-4033238
Pai	rt I Organizations Maintainin				s or Accour	its.
	Complete if the organization	on answered	(a) Donor advis		(b) Eurod	and other accounts
1	Total number at end of year		(a) Donor advis		(b) Funds	s and other accounts
2	Aggregate value of contributions to					
3	Aggregate value of grants from (duri					
4	Aggregate value at end of year					
5	Did the organization inform all done		advisors in writing that	at the assets hele	d in donor ac	lvised
	funds are the organization's property	y, subject to the	e organization's exclus	ive legal control?	'	· 🗌 Yes 🗌 N
6	Did the organization inform all grant					
	only for charitable purposes and no					
	conferring impermissible private ber					· 🗌 Yes 🗌 N
Par						
	Complete if the organization					
1	Purpose(s) of conservation easemer Preservation of land for public use (for				a biotoriaally	important land area
	Protection of natural habitat	or example, recre		Preservation of Preservation of		important land area
	Preservation of open space				a certineu nis	
2	Complete lines 2a through 2d if the	organization he	ld a qualified conserva	tion contribution	in the form of	a conservation
	easement on the last day of the tax					d at the End of the Tax Yea
а	Total number of conservation easem	nents			. 2a	
b	Total acreage restricted by conserva	ation easements	S		. 2b	
С	Number of conservation easements					
d	Number of conservation easement			5/06, and not or	na	
	historic structure listed in the Nation	•			· 2d	
3	Number of conservation easements tax year ►	modified, trans	sferred, released, extin	guished, or term	inated by the	organization during th
4 5	Number of states where property su Does the organization have a wri				ection, handli	ng of
	violations, and enforcement of the c	onservation eas	sements it holds? .			· 🗌 Yes 🗌 N
6	Staff and volunteer hours devoted to m	ionitoring, inspec	cting, handling of violatio	ons, and enforcing	conservation e	asements during the ye
7	Amount of expenses incurred in moni	toring increatin	a handling of violations	and onforcing o	onconvotion or	comonte during the ve
1	Amount of expenses incurred in morn ► \$	toning, inspectin	ig, narioling of violations	s, and enforcing c	Unservation ea	isements during the yea
8	Does each conservation easement re	•	. ,	•		
9	In Part XIII, describe how the organize balance sheet, and include, if applic					
	organization's accounting for conse			ganization s nnai	icial statemen	
Dar	t III Organizations Maintainin			reasures or C	thor Simila	r Accote
I ai	Complete if the organization					A33013.
1a					e statement ar	nd balance sheet work
	of art, historical treasures, or other		•			
	service, provide in Part XIII the text of	of the footnote	to its financial stateme	nts that describe	s these items.	
b	If the organization elected, as perm art, historical treasures, or other sim provide the following amounts relation	ilar assets held ng to these iten	for public exhibition, e	education, or rese	earch in furthe	rance of public servic
	(i) Revenue included on Form 990,	Part VIII, line 1			🕨	\$
	(ii) Assets included in Form 990, Par	tX			🕨	\$
2	If the organization received or held following amounts required to be rep	ported under F	ASB ASC 958 relating t	to these items:		-
a b	Revenue included on Form 990, Par Assets included in Form 990, Part X	t VIII, line 1 .			· · · ►	\$ \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedu	le D (Form 990) 2021									Page 2
Par	III Organizations Maintaining	g Colle	ections of	Art, His	torical 1	Freasures	, or O	ther Similar /	Assets (c	ontinued)
3	Using the organization's acquisition, collection items (check all that apply):		sion, and of	ther reco	rds, chec	k any of th	e follov	wing that make	e significar	nt use of its
а	Public exhibition			d	🗌 Loan	or exchang	e prog	ram		
b	Scholarly research			е						
с	Preservation for future generations	S								
4	Provide a description of the organiza XIII.		collections	and expla	ain how t	hey further	the org	ganization's ex	empt purp	ose in Part
5	During the year, did the organization assets to be sold to raise funds rathe									es 🗌 No
Part	IV Escrow and Custodial Arra	angen	nents.							
	Complete if the organizatior 990, Part X, line 21.	n ansv	vered "Yes	" on For	m 990, I	Part IV, lin	e 9, or	reported an a	amount o	n Form
1a	Is the organization an agent, trustee included on Form 990, Part X?				-					es 🗌 No
b	If "Yes," explain the arrangement in P	Part XIII	and compl	ete the fo	llowing ta	able:				
									Amount	
С	Beginning balance						10	>		
d	Additions during the year						10	k		
е	Distributions during the year						10	•		
f	Ending balance						11	F		
2a	Did the organization include an amou	int on F	⁻ orm 990, P	art X, line	e 21, for e	scrow or c	ustodia	l account liabil	ity? 🗌 Y	es 🗌 No
b	If "Yes," explain the arrangement in P	Part XIII	. Check her	re if the e	xplanatio	n has been	provid	ed on Part XIII		
Par	t V Endowment Funds.									
	Complete if the organizatior	n ansv	vered "Yes	<u>" on For</u>	m 990, F	Part IV, lin	e 10.			
		(a) 🤇	Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years b	ack (e) Fou	Ir years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of	the cur	rent year er	nd balanc	e (line 1g	, , column (a	a)) held	as:		
а	Board designated or quasi-endowme	ent 🕨		%						
b	Permanent endowment	%								
с	Term endowment ► %	<u></u>								
	The percentages on lines 2a, 2b, and	2c sho	ould equal 1	00%.						
3a	Are there endowment funds not in th	ne poss	session of th	ne organi	zation that	at are held	and ac	Iministered for	the	
	organization by:									Yes No
	(i) Unrelated organizations								. 3a(i)	
									. 3a(ii	
b	If "Yes" on line 3a(ii), are the related of	organiz	ations listed	l as requi	red on So	chedule R?			. 3b	
4	Describe in Part XIII the intended use	s of the	e organizati	on's endo	owment f	unds.			•	
Part	VI Land, Buildings, and Equip	pment								
	Complete if the organization	n ansv	vered "Yes	" on For	m 990, F	Part IV, lin	e 11a.	See Form 99	0, Part X,	line 10.
	Description of property		(a) Cost or o (investm		1.1	or other basis ther)		Accumulated epreciation	(d) Bo	ok value
1a	Land			220,000		0				220,000
b	Buildings	. †		0		0		0		0
c	Leasehold improvements	. †		0		0		0		0
d	Equipment	. F		0		0		0		0
e	Other	-		0		0		0		0
	Add lines 1a through 1e. (Column (d) r		qual Form 9		X, columr)c.).			220,000
	U 1 17									

Schedule D (Form 990) 2021

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on Form 990, Part	IV line 11h See	Form 990 Part X line	e 12
	(including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	ion:
(1) Financial				
• •	neld equity interests			
(3) Other	· ·			
(A)				
(D)				
(F)				
(G)				-
(H) Total (Colu	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ►			
Part VIII	Investments – Program Related.			
n ant viir	Complete if the organization answered "Yes" on Form 990, Part	IV line 11c See F	Form 990 Part X line	e 13
	(a) Description of investment	(b) Book value	(c) Method of valuati	
		(2) 2001 Talao	Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ►			
Part IX	Other Assets.	N/ line 11d Cool	Server 000 Devit V lies	- 15
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11d. See f	b) Book v	
(1)	(a) Description			alue
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (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, Par	tΧ,
	line 25.			
1.	(a) Description of liability		(b) Book v	alue
(1) Federal in	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(7)				
(9)				
	mn (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 .

Schedu	le D (Form 990) 2021		Pa	ge 4
Par	XI Reconciliation of Revenue per Audited Financial Statem	ents 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:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part			er 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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1 and 1 a	ne 18.)	5	
Part				
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar			ne
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	t to provide any additional in	nformation.	

	organization							Employer identi	fication number		
FAIRFIEL	D COUNTY SCHOOL DISTR	ICT EDUCATION F	OUNDATION					3	8-4033238		
Part I	General Information										
1 Do the 2 De	pes the organization maint e selection criteria used to escribe in Part IV the orgar	award the grants nization's procedu	or assistance? res for monitoring	the use of grant fu	unds in the United	States.			🗹 Yes 🗌 No		
Part II	Grants and Other A Part IV, line 21, for a	ssistance to Do	mestic Organiz received more th	ations and Don nan \$5,000. Part	nestic Governm Il can be duplica	ents. Complete ated if additional	if the organization space is needed	on answered d.	"Yes" on Form 990		
1 (a) Nar	ne and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assist		(h) Purpose of grant or assistance		
(1) Sch (2)	I, Stmt 1										
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
	ter total number of section		•		line 1 table				1		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III	t III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.							
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
_1								
2								
3								
4								
5								
6								
7								
Part IV	Supplemental Information. Pro	vide the information i	required in Part I, li	ne 2; Part III, colum	n (b); and any other additi	onal information.		
	, Part I, Line 2 - The Foundation retains of Energy. Students receiving scholarships							

Schedule I (Form 990) 2021

Schedule I, Part IV, Statement 1

Form: Schedule I (2021)

Page: 1

EIN: 38-4033238

Part II, Line 1

Desc	ription of Grants and Other Assistance to Governments and Organizat	ions in the United	States	
		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	Fairfield County School District	57-6000348	20,000	
	US Highway 321 Bypass South			
	Winnsboro, SC 29180			
IRC code section				
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Cost of production and distribution of student publication to the Fairfield			
	County community.			

SCHEDULE M (Form 990)

Department of the Treasury

Attach to Form 990.

Noncash Contributions

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

OMB No. 1545-0047 2021

Open to Public

ime of	f the organization		90 for instructions and the la		Employer id	lentification nu	mber		
AIRF	IELD COUNTY SCHOOL DISTRICT E	DUCATION	FOUNDATION			38-40332	38		
Part					1				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash con amounts rep Form 990, Part	orted on	Method on noncash con			
1	Art-Works of art								
2	Art-Historical treasures								
3	Art-Fractional interests								
1	Books and publications								
5	Clothing and household								
	goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities-Publicly traded								
)	Securities—Closely held stock .								-
1	Securities-Partnership, LLC,								
	or trust interests								
2	Securities-Miscellaneous								
3	Qualified conservation								
	contribution-Historic								
	structures								
4	Qualified conservation								
	contribution-Other								
5	Real estate – Residential								
;	Real estate – Commercial								
7	Real estate-Other	~	1		220,000	Assessor's	value		
8	Collectibles								
9	Food inventory								
0	Drugs and medical supplies								
1	Taxidermy								
2	Historical artifacts								
3	Scientific specimens								
4	Archeological artifacts								-
5	Other ► (-
6	Other►())							_
7	Other►())							_
B	Other ► (
9	Number of Forms 8283 received	by the or	ganization during the tax	year for contrib	utions for				
	which the organization completed	I Form 8283	3, Part V, Donee Acknowled	dgement		29	0		
						· · · · ·	Y	'es	Ţ
)a	During the year, did the organiza	tion receive	e by contribution any prope	erty reported in	Part I, lines	s 1 through			
	28, that it must hold for at least t								
	to be used for exempt purposes						30a		1
b	If "Yes," describe the arrangement								ļ
1	Does the organization have a		otance policy that require	es the review	of any n	onstandard			
	contributions?						31		,
2a	Does the organization hire or us							+	_
	contributions?		•				32a	[

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is perforting in Part I, column (b), the number of items received, or a combination of both. Also complete this part for any additional information.		Form 990) 2021 Page 2
	Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received,
		or a combination of both. Also complete this part for any additional information.
		······

SCHE	DUL	E ()
(Form	990	or	990-EZ

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 Form 990-EZ.

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



Employer identification number

38-4033238

Department of the Treasury Internal Revenue Service Name of the organization

FAIRFIELD COUNTY SCHOOL DISTRICT EDUCATION FOUNDATION

Form 990, Part VI, Section B, Line 11b - The Foundation Board has received progress reports from the Treasurer regarding the preparation and filing of the Form 990 for the 2021 tax year. The Treasurer has specified the requirements to transition from Form 990 EZ to the Form 990 because of the increased activities occurring in 2021. The Foundation was informed that the IRS granted an extension when the May 16 Filing deadline could not be met. The Board will review the return by accessing a copy from the Foundation's website. The Board also approved submitting a draft of the return to the accountant for the purpose of her review. Form 990, Part VI, Section C, Line 19 - During the 2021 tax year, the Foundation was not aware of this requirement and did not make information available for public inspection. With the filing of this return, all required information will be available for inspection by interested parties. Until 1st quarter 2022, the Foundation assumed that a 990 N would be required to meet IRS filing requirements. Form 990, Part VIII, Line 1a - The Foundation received contributions from corporate and individual donors. Some of these are designated for specific purposes while others are available for general purposes

Schedule O, Statement 1

Form: Form 990 (2021)

Page: 1

FAIRFIELD COUNTY SCHOOL DISTRICT EDUCATION FOUNDATION

EIN: 38-4033238

Header Section

Reasonable Cause Explanations

Explanation

Since inception in 2017, the Foundation has filed Form 990 N. In 2021 revenues and assets exceeded limitations which required the use of Form 990. The Foundation has retained the services of an accountant who has supervised the conversion of manual accounts records to an automated system. This conversion process has significantly delayed the preparation and submission of this return.

Schedule O, Statement 2

Form: Form 990 (2021)

Page: 1

FAIRFIELD COUNTY SCHOOL DISTRICT EDUCATION FOUNDATION

EIN: 38-4033238

Part I, Line 1

Activity Or Mission Description

Description

them. The Foundation supports educational programs for both the students and the staff of the District and will provide other supportive services as those needs are identified. The Foundation receives contributions from individuals and organizations to be used for the benefit of students enrolled in Fairfield County Schools and distributes these funds in the form of scholarships and grants as specified by the donors. The Foundation received 22 acres of undeveloped real property from the Fairfield County School District to be developed into rental housing for teachers. Estimated timeframe for the development and construction is 18-24 months.

Schedule O, Statement 3 FAIRFIELD COUNTY Form: Form 990 (2021) Form 200 (2021)		LD COUNTY SCHOOL DISTRICT E	SCHOOL DISTRICT EDUCATION FOUNDATION		
			EIN	: 38-4033238	
Page: 2			Pa	rt III, Line 4d	
	Other Program Services Accomp	olishments			
Activity Code	Description	Expense	Grants	Revenue	
	The Fairfield County School District transferred 22 acres of unimproved pro US Highway 321 Bypass South at Winnsboro to the Foundation. The purpo is to facilitate the development of and construction of rental homes to be av- teachers and teacher interns who are employed or otherwise assigned to the objective of this strategy is to recruit and retain outstanding teachers for the	e District. The		220,000	
Total:		0	0	220,000	