

VP of Finance: Appendix D

IRS and the 990 EZ/990 N

Frequency:	Once per year, Due no later than May 15
Required Materials	Records from the reporting fiscal year (previous year)
Available Templates	None, please use electronic filing through the IRS, or download the current form on the IRS website.
Keys, Passwords, or other access required	A user must register using their personal credentials in order to file with the IRS. https://www.irs.gov/charities-non-profits/new-form-990-n-submission-website-now-open

Purpose: To file the required tax documentation to the IRS.

Key References:

- **990 N:** The “post-card”. A short filing required of non-profit associations that usually have less than \$50,000 of gross receipts per year
- **990 EZ:** Short Form for Nonprofits
- **Gross Receipts:** the total amount the organization received from all sources during the year, without subtracting any costs or expenses.

List of procedures:

Determining the appropriate filing:

1. To determine the appropriate form to file for the chapter’s taxes, you need to assess the gross receipts for the last three years, including the year for which you are filing taxes.

The IRS defines the requirement for the 990 N as available to non-profit organizations that usually have less than \$50,000 of gross receipts per year.

Usually is defined as the average of the last 3 years, including the year of filing per IRS guidelines, <https://www.irs.gov/charities-non-profits/gross-receipts-normally-25000-50000-or-less>

2. You can find the gross receipts as reported in several places for each year in the chapter records.
 - a. In the Annual Report to the Secretary of State when a 990 N is filed. (Page 2, Total revenue)

Part II— Gross Revenue

Organizations must report their gross receipts from all sources of revenue.

1. Fundraising events (from page 1, part I, box 11B)	\$ 63,574.00	
2. Fundraising activity revenue not reported on line 1.....		
3. Federated campaigns (such as United Way)		
4. Membership dues	\$ 16,297.66	
5. Related organizations (such as related parent or national organizations)	\$ 1,470.15	
6. Government grants (from federal, state or local governments)		
7. All other contributions, gifts, grants not listed above	\$ 498.50	
8. Program service revenue		
9. Other income.....	\$ 8.20	
10. Total revenue (add lines 1 through 9)	\$ 81,848.51	2a

- b. In the 990 EZ (will enter after completing the filing for this year. Usually we fall under the 990N. We won't for the next three years due to the Disney event in 2018 (see above).
 - c. Starting in 2019, in the Quickbooks end-of-year report (add Revenue and Other Revenue).
 - d. In the Operational Budget update for December of that year.
3. Take the Total revenue from the past three years and divide it by three to get the average.
 - a. If the average is less than \$50,000, you may file a 990 N and complete the Secretary of State's Annual Financial Report document.
 - b. If the average is more than \$50,000, you will need to file the 990 EZ. You may upload a copy of the completed 990 EZ to the Secretary of State in lieu of the Annual Financial Report during the annual filing process.

Filing the 990N

1. The best source of information for filing the 990N is the IRS website. Currently, the link to the information page for this form is located [here](#).
2. The link to the actual filing page is hard to locate. It currently is halfway down the information page for the 990N, under “Ready to file?” There is only one link in that section.
3. You need 8 pieces of information to file the 990 at this time. [Information on what to report can be found here](#).
4. Information about the chapter, such as EIN, can be found on the previous year’s filing.

Filing the 990EZ

Form 990-EZ is due **May 15**. If the due date falls on a Saturday, Sunday, or legal holiday, file on the next business day. A business day is any day that isn't a Saturday, Sunday, or legal holiday.

If the organization is liquidated, dissolved, or terminated, file the return by the 15th day of the 5th month after liquidation, dissolution, or termination.

If the return isn't filed by the due date (including any extension granted), attach a statement giving the reason(s) for not filing on time.

Filing information for nonprofits can be found on the IRS website: <https://www.irs.gov/charities-and-nonprofits>.

The 990 form series and schedules can be found on the IRS website: <https://www.irs.gov/charities-nonprofits/required-filing-form-990-series>.

It is recommended that you consult the appropriate form's instructions as you complete the tax return as information could change from year to year.

Completing the Form

Complete items A-L on the form.

A For the 2019 calendar year, or tax year beginning January 1 , 2019, and ending December 31 , 20 19																			
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td colspan="2">C Name of organization </td> <td>D Employer identification number </td> </tr> <tr> <td colspan="2">ATD South Carolina Midlands</td> <td>23-7266025</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address) </td> <td>Room/suite</td> <td>E Telephone number</td> </tr> <tr> <td>PO Box 512</td> <td></td> <td>(803) 530-7643</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td> <td>F Group Exemption Number </td> </tr> <tr> <td colspan="2">Columbia, SC 29202</td> <td></td> </tr> </table>	C Name of organization		D Employer identification number	ATD South Carolina Midlands		23-7266025	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	PO Box 512		(803) 530-7643	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number	Columbia, SC 29202		
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Columbia, SC 29202																			
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).																		
I Website: ▶ https://atdmidlands.org																			
J Tax-exempt status (check only one) – <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other																			
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$																			

Part I- Revenue, Expenses, and Changes in Net Assets

For this section, utilize the information from the *Statement of Activity Detail* report in Quickbooks.

The following table outlines the line number on the form and the corresponding categories that are used to determine the accurate figure.

Revenue	
Line 1	N/A (Zero Reported)
Line 2	Annual Conference, Chapter Sponsorships, Job Postings, Learning Event Registration – Nonmember, Profit-Share Registration, SIG Event Registration - Nonmember
Line 3	CHIP Purchases, Membership Dues
Line 4	Bank Account Interest
Lines 5a, 5b, 5c	N/A (Zero Reported)
Line 6a	N/A (Zero Reported)
Line 6b	CPTD Scholarship Raffle
Line 6c	CPTD Scholarship Money Paid Out
Lines 7a, 7b, 7c	N/A (Zero Reported)
Line 8	Other Revenue Not Already Reported – For 2019, this was 0
Line 9	Total Revenue
Expenses	
Line 10	N/A (Zero Reported)
Line 11	Insurance
Line 12	N/A (Zero Reported)
Line 13	N/A (Zero Reported)
Line 14	N/A (Zero Reported)
Line 15	Postage
Line 16	Affinipay Fees, ALC, Annual Conference, Bank Charges, Giving Event, Marketing, Monthly Learning Events, Office Expenditures, Operations, Profit-Share, Taxes & Licenses, Technology, Uncategorized Expenses (national memberships) <i>Note: There may be times where reductions need to be made to the figures from the Quickbooks report. Examples include reimbursements for any of the categories listed in Line 16.</i>
Schedule O (Total Must Match Line 16)	Organize the expenses by main category. This includes all other expenses line items from Quickbooks except insurance and postage which were previously reported. In 2019, the following categories were used: Annual Conference, Learning Events, Chapter Operations, Annual Leadership Conference (ALC), Profit-Share Event, Partnership Event.

	<i>The following line items should be used for Learning Events: Learning Events, Member Nametags, Membership Social, Membership Social Catering, Upstate GIG Activities.</i>
Line 17	Total Expenses
Net Assets	
Lines 18-21	Follow instructions on the form to calculate.

Part II - Balance Sheets

	Column A	Column B
Line 22	Utilize End-of-Year Figure from prior year's tax return	Utilize Figure from Line 21
Line 23	N/A (Zero Reported)	N/A (Zero Reported)
Line 24	N/A (Zero Reported)	N/A (Zero Reported)
Line 25	Total Column A	Total Column B
Line 26	N/A (Zero Reported)	N/A (Zero Reported)
Line 27	Total Column A	Total Column B

Part III - Statement of Program Service Accomplishments

Check the box stating that Schedule O was used. You will not have to add anything to the schedule. Utilize the figures reported to break out the information in Line 16.

What is the organization's primary purpose? **Educational**

Lines 28-30	Utilize Figures Reported in Schedule O. These will be the top three events measured by expense. Generally, the three events with the largest expenses will be Learning Events, Annual Conference and Profit-Share. <i>Note: The following line items should be summarized for Learning Events: Learning Events, Member Nametags, Membership Social, Membership Social Catering, Upstate GIG Activities.</i>
Line 31	Total of other event expenses not already listed. <i>In 2019, the only other event not previously reported was the Partnership Event (MEBA).</i>
Line 30	N/A (Zero Reported)
Line 31	N/A (Zero Reported)
Line 14	N/A (Zero Reported)

Part IV - List of Officers, Directors, Trustees, and Key Employees

In this section, list all members of the Board of Directors in Column A.
Ask each Board member to provide you with an estimated amount of time spent in their position each **week**. Report those amounts in Column B.

Because our chapter leadership is all voluntary, report 0 in Columns C-E.

Part V - Other Information

Lines 33-40	Generally, <i>NO</i> should be selected for these line items.
Lines 41-42a	Enter the appropriate information.
Lines 42b-46	Generally, <i>NO</i> should be selected for these line items.

Part VI - Section 501(c)(3) Organizations Only

Lines 47-49a	Generally, <i>NO</i> should be selected for these line items.
Line 50	Since the chapter leadership is all volunteer-based, type <i>None</i> in 50a.
Line 51	Since the chapter leadership is all volunteer-based, type <i>None</i> in 51a.
Line 52	Check <i>YES</i> and complete Schedule A.

Schedule A

As a 501 (c)(3) organization, the Schedule A is required.

Part I – Reason for Public Charity Status

Place a check mark by number 10.

*An organization that normally receives: (1) more than 33 $\frac{1}{3}$ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33.1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)*

Part II

Not required to complete.

Part III

Section A

Utilize the previous year’s Schedule A to complete Columns a-d.

Line 1	Form 990-EZ, Part I, Lines 1 and 3
Line 2	Form 990-EZ, Part I, Lines 2 and 6b
Line 3	N/A (Zero Reported)
Line 4	N/A (Zero Reported)
Line 5	N/A (Zero Reported)
Line 6	Total of Lines 1-5
Lines 7a-7c	N/A (Zero Reported)
Line 8	Total of Column F

Section B

Line 9	Bring down amount from Section A, Line 6
Line 10a	Form 990-EZ, Part I, Lines 2 and 6b
Line 10b	N/A (Zero Reported)
Lines 10c	Add lines 10a and 10b
Line 11	N/A (Zero Reported)
Line 12	N/A (Zero Reported)

Line 13	Total of Lines 9, 10c, 11, 12
Line 14	Leave box unchecked

Section C

Lines 15 and 16 will generally be at or around 100%.

Section D

None of our income is investment income. Lines 17 and 18 will be 0%.

Check the box beside 19a.

33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

Per the instructions, no additional information needs to be added to the form.

Send for Review

Once the 990-EZ and appropriate schedules are complete, send them to the President and President-Elect for review.

The chapter President will review the entire form first. Then, will start going line by line to make sure all of the numbers match and add up.

Once the review is complete and appropriate changes are made, the chapter President will sign the 990-EZ. No signatures are required on Schedules A and O.

Then, the chapter President will print all forms and mail to the IRS at the following address (verify address on return's instructions as it may have changed):

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

It's recommended to obtain a tracking number to verify that the return was received by the IRS.

Additional Documentation

The following documents are being provided as a supplement to these procedures:

- The *Category by Line Item* spreadsheet used to calculate tax return information (p.11)
- A copy of the *2019 990-EZ, Schedule A and Schedule O* (p. 12-26)
- The *2019 Statement Activity Detail Report* downloaded from Quickbooks Online (p.27)
 - Note: each category line item can be expanded to see all transactions for the year within that category.

Last Updated: 12/31/2020

Last Updated By: Sara Warren, 2020 VP of Finance

Revenue

Line	Sum of													
2	Chapt Spons	Job Post	Nonmemb Learning	SIG Event	Conf Total	Prof Share	Disney							
24172	3000	50	220	70	13200	6804	828							
3	Chip Purch	Memb total												
17480.32	1422.52	16057.8												
4	Interest													
89.74	89.74													
6b	50/50													
138	138													
6c														
6d														
138														
9														
41880.06														
Expenses														
11	Insurance													
460.24	460.24													
15	Postage													
14.12	14.12													
16	Marketing	Operations	Affinipay Fees	Bank Charges	Office Expenditures	Taxes & Licenses	Technology	Uncategorized (national memberships)	ALC	Annual Conference	Monthly Learning Events	Profit Share	MEBA	
37595.44	847.86	\$2,297.90	\$766.80	\$30.00	189.86	51.85	3160.95	179	6319.79	9832.38	9669.32	3955.48	294.25	
<i>Reductions from 16</i>	<i>ALC Refund</i>	<i>Ann</i>	<i>Quckbooks</i>	<i>Retreat</i>										
-1737.14	-390	-20.24	-379.33	-947.57										
New Line 16														
35858.3														
Line 17														
36332.66														
Line 18														
5547.4														
Line 19														
42812.28														
Line 20														
48359.68														
Line 28	Annual Conference													
9832.38	9832.38													
Line 29	Learning Events	Upstate GIG Activities	Member Nametags	Memberhsip Social	Membership Social catering									
9669.32	4418.16	1558.65	768.05	1924.46	\$1,000.00									
Line 30	Profit Share													
3955.48	3955.48													
Line 31 (schedule O)	MEBA													
294.25	294.25													
Line 32														
23751.43														

Quickbooks Revenue 41909.89 + 1617.58

43617.21
 (\$947.57) refund for retreat house
 (\$390) refund for ALC registrations
 (\$379.33) refund for Quick books
 (\$20.24) refund for over-reimbursement to Ann
 (\$0.01) WF test depost
41880.06 Matches line 9

Short Form

Return of Organization Exempt From Income Tax

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

2019

Open to Public Inspection

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning January 1, 2019, and ending December 31, 2019

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

ATD South Carolina Midlands

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

PO Box 512

City or town, state or province, country, and ZIP or foreign postal code

Columbia, SC 29202

D Employer identification number

23-7266025

E Telephone number

(803) 530-7643

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ <https://atdmidlands.org>

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	0	10	Grants and similar amounts paid (list in Schedule O)	10	0
2	Program service revenue including government fees and contracts	2	24,172	11	Benefits paid to or for members	11	460
3	Membership dues and assessments	3	17,480	12	Salaries, other compensation, and employee benefits	12	0
4	Investment income	4	90	13	Professional fees and other payments to independent contractors	13	0
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	0
b	Less: cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping	15	14
c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	0	16	Other expenses (describe in Schedule O)	16	35,858
6	Gaming and fundraising events:			17	Total expenses. Add lines 10 through 16 ▶	17	36,333
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	5,547
b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	138	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	42,812
c	Less: direct expenses from gaming and fundraising events	6c		20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	138	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	48,360
7a	Gross sales of inventory, less returns and allowances	7a	0				
b	Less: cost of goods sold	7b	0				
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	0				
8	Other revenue (describe in Schedule O)	8	0				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	41,880				

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	42,812	22 48,360
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	42,812	25 48,360
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	42,812	27 48,360

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Educational

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 <u>ATD Midlands Annual Conference</u> <u>This one-day conference empowers attendees to share ideas, network and learn about the latest trends and resources in the talent development industry. The conference had 117 attendees.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	9,832
29 <u>Chapter Learning Events</u> <u>Ten learning events were held in 2019 featuring various speakers presenting on topics to engage and educate members and guests.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	9,669
30 <u>Gamification Certification Seminar</u> <u>The Sententia Gamification Certification is a complete immersion experience designed to improve learning and development results through gamification. The seminar had 27 attendees.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	3,955
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	294
32 Total program service expenses (add lines 28a through 31a)	32	23,751

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Jessica Cabrera President	4	0	0	0
Lisa Stuchell President-Elect		0	0	0
Randy Odom Past President		0	0	0
Sara Warren VP of Administration	2	0	0	0
Ann Bryson-Eldridge VP of Finance	6	0	0	0
Chandelle Anderson VP of Marketing		0	0	0
Jada Addison VP of Programs		0	0	0
Lisa Stuchell VP of Membership		0	0	0
Derrick Fickling VP of Partnerships		0	0	0
Angela Watkins VP of Technology		0	0	0
Brock Vaughn VP - Upstate GIG		0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a <input type="text" value="0"/>		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b <input type="text"/>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a <input type="text"/>		
b	Gross receipts, included on line 9, for public use of club facilities 39b <input type="text"/>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <input type="text"/> ; section 4912 ▶ <input type="text"/> ; section 4955 ▶ <input type="text"/>		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <input type="text"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <input type="text"/>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
41	List the states with which a copy of this return is filed ▶ <u>South Carolina</u>		
42a	The organization's books are in care of ▶ <u>Sara Warren</u> Telephone no. ▶ <u>(803) 530-7643</u> Located at ▶ <u>PO Box 512 Columbia, SC</u> ZIP + 4 ▶ <u>29202</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ <input type="text"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
42b			<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ <input type="text"/>		<input checked="" type="checkbox"/>
42c			<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <input type="text"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		<input checked="" type="checkbox"/>
45b			<input checked="" type="checkbox"/>

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A **Yes** **No**

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	<i>Jessica Cabrera</i> Signature of officer	Date
	Jessica Cabrera, President Type or print name and title	Signed, 2020

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no. ▶			

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization ATD South Carolina Midlands	Employer identification number 237266025
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9668	11545	16135.39	16796.16	17480.32	71624.87
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	73208.03	18506.51	32423.79	65043.38	23751.43	212933.14
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	82876.03	30051.51	48559.18	81839.54	41231.75	284558.01
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						284558.01

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	82876.03	30051.51	48559.18	81839.54	41231.75	284558.01
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1.29	1.10	3.68	8.97	89.74	104.78
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	82877.32	30052.61	48562.86	81848.51	41321.49	284662.79

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	100 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	100 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0 %

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	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?		
5c	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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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? <i>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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D—Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E—Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

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.)

A series of horizontal dashed lines provided for entering supplemental information.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

ATD South Carolina Midlands

Employer identification number

237266025

ATD Midlands Annual Conference (\$9,832.38)

Monthly Membership Events (\$9,669.32)

Chapter Operations (technology, marketing, financial fees) (\$6,197.32)

Annual Leadership Conference Expenses (\$5,909.55)

Gamification Certification Event (\$3,955.48)

Local Nonprofit Partnership Event (\$294.25)

Total Other Expenditures (\$35,858.30)

Name of the organization

Employer identification number

Area with horizontal dashed lines for input.

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/Form990.

Purpose of Schedule

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Don't use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization isn't required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return isn't filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. **Don't use** this schedule to provide the late-filing statement.

Amended return. If the organization checked the *Amended return* box on Form 990, *Heading*, item B, or Form 990-EZ, *Heading*, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. **Don't use** this schedule. See the instructions for Form 990, *I. Group Return*.

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

1. Part III, *Statement of Program Service Accomplishments*.

- "Yes" response to line 2.
- "Yes" response to line 3.
- Other program services on line 4d.

2. Part V, *Statements Regarding Other IRS Filings and Tax Compliance*.

- "No" response to line 3b.
- "Yes" or "No" response to line 13a.
- "No" response to line 14b.

3. Part VI, *Governance, Management, and Disclosure*.

- Material differences in voting rights among members of the governing body in line 1a.
- Delegation of governing board's authority to executive committee in line 1a.
- "Yes" responses to lines 2 through 7b.
- "No" responses to lines 8a, 8b, and 10b.
- "Yes" response to line 9.
- Description of process for review of Form 990, if any, in response to line 11b.
- "Yes" response to line 12c.
- Description of process for determining **compensation**, in response to lines 15a and 15b.

h. Description of process for determining **compensation**, in response to lines 15a and 15b.

i. If applicable, in response to line 18, an explanation as to why the organization checked the *Other* box or didn't make any of Forms 1023, 1024, 1024-A, 990, or 990-T publicly available.

j. Description of public disclosure of documents, in response to line 19.

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

a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.

b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).

5. Explanation for Part IX, *Statement of Functional Expenses*, line 11g (other fees

for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

6. Explanation for Part IX, *Statement of Functional Expenses*, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

7. Part XI, *Reconciliation of Net Assets*. Explain any other changes in net assets or fund balances reported on line 9.

8. Part XII, *Financial Statements and Reporting*.

a. Change in accounting method or description of other accounting method used on line 1.

b. Change in committee oversight review from prior year on line 2c.

c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions.

1. Part I, *Revenue, Expenses, and Changes in Net Assets or Fund Balances*.

a. Description of other revenue, in response to line 8.

b. List of grants and similar amounts paid, in response to line 10.

c. Description of other expenses, in response to line 16.

d. Explanation of other changes in net assets or fund balances, in response to line 20.

2. Part II, *Balance Sheets*.

a. Description of other assets, in response to line 24.

b. Description of total liabilities, in response to line 26.

3. Description of other program services, in response to Part III, *Statement of Program Service Accomplishments*, line 31.

4. Part V, *Other Information*.

a. "Yes" response to line 33.

b. "Yes" response to line 34.

c. Explanation of why organization didn't report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.

d. "No" response to line 44d.

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



Don't include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available for public inspection.

ATD South Carolina Midlands

STATEMENT OF ACTIVITY DETAIL

January - December 2019

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
Ordinary Revenue/Expenditures							
Revenue							
	50/50					\$138.00	
	Chapter Sponsorships					\$3,000.00	
	CHIP-Purchases					\$1,422.52	
	Conference Revenue					\$13,200.00	
	External Job Postings					\$50.00	
	Learning Event Registration-Nonmember					\$220.00	
	Membership Dues					\$16,057.80	
	Profit-Share Registrations					\$6,804.00	
	SIG Event					\$70.00	
	Uncategorized Revenue					\$947.57	
Total for Revenue						\$41,909.89	
Expenditures							
	ALC					\$6,319.79	
	Annual Conference					\$9,832.38	
	Giving Event					\$294.25	
	Learning Events					\$4,418.16	
	Marketing					\$847.86	
	Membership					\$3,692.51	
	Operations					\$3,810.77	
	Profit Share Event					\$3,955.48	
	Technology					\$3,160.95	
	Uncategorized Expenditure					\$179.00	
	Upstate GIG Activities					\$1,558.65	
Total for Expenditures						\$38,069.80	
Net Ordinary Revenue						\$3,840.09	
Other Revenue/Expenditure							
Other Revenue							
	Interest Earned					\$89.74	
	Other Miscellaneous Revenue					\$1,617.58	
Total for Other Revenue						\$1,707.32	
Net Other Revenue						\$1,707.32	
Net Revenue						\$5,547.41	