MCGREGOR AND COMPANY, LLP 3830 FOREST DRIVE POST OFFICE BOX 135 COLUMBIA, SOUTH CAROLINA 29202

MAY 7, 2021

ABLE SOUTH CAROLINA, INC 720 GRACERN ROAD NO. 106 COLUMBIA, SC 29210 ATTENTION: KIMBERLY TISSOT

DEAR KIMBERLY:

ENCLOSED IS THE ORGANIZATION'S 2019 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

ALSO, PLEASE SEND A COPY TO:
MARK HAMMOND
SECRETARY OF STATE
1205 PENDLETON STREET STE. 525
COLUMBIA, SC 29201

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

YOURS VERY TRULY,

GABRIELLE P. DAVIS, CPA

IRS e-file Signature Authorization for an Exempt Organization

, 2019, and ending SEP 30

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization Employer identification number

ABLE SOUTH CAROLINA, INC

58-2336332

Name and title of officer

KIMBERLY TISSOT

EXECUTIVE DIRECTOR

Part I	Type of Return and Return Information	(Whole Dollars Only)
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Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,545,451.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

MCCDECOD AND COMPANY

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

A lauthorize McGREGOR AND COMPANI, LLIF	to enter my PIN 30334
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.	• •
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 201 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating ch program, I will enter my PIN on the return's disclosure consent screen.	•
Officer's signature ▶ Date ▶	

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

57489100021 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

05/07/21 ERO's signature

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

EXTENDED TO AUGUST 16, 2021

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Inspection

and ending SEP 30, 2020 Open to Public

OMB No. 1545-0047

В	Check if applicable	C Name of organization	D Employer ider	ntification number
_	Addres			
F]change □]Name	ABLE SOUTH CAROLINA, INC	58-233	6332
F	change	Doing business as Number and street (or P.0. box if mail is not delivered to street address) Room/		
F	return Final	720 GRACERN ROAD 106	803-77	
_	ightarrow igh	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,545,451.
Г	Amend	COLUMBIA, SC 29210	H(a) Is this a grou	
Ē	Applica tion	F Name and address of principal officer:KIMBERLY TISSOT	for subordina	
	pending	7 720 GRACERN RD, STE 106, COLUMBIA, SC 292	210 H(b) Are all subordina	tes included? Yes No
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or		ch a list. (see instructions)
		e:▶ WWW.ABLE-SC.ORG	H(c) Group exemp	
			Year of formation: 199	4 M State of legal domicile: ${ t SC}$
P		Summary		
e	1 E	Briefly describe the organization's mission or most significant activities: ${f SEE}$ ${f SCHI}$	EDULE O	
Activities & Governance	l			
/er		Check this box if the organization discontinued its operations or disposed of		1 4 4
é		Number of voting members of the governing body (Part VI, line 1a)		3 14 4 14
∞ ″		Number of independent voting members of the governing body (Part VI, line 1b)		5 69
ţį		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		6 0
ξ		otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12		7a 0.
¥		Net unrelated business taxable income from Form 990-T, line 39		7b 0.
_	"	Net unrelated business taxable income norm of one 350-1, line 35	Prior Year	Current Year
•	8 (Contributions and grants (Part VIII, line 1h)	2,537,97	
nue		Program service revenue (Part VIII, line 2g)	105 40	
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		
C		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	A = 4	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,650,98	4. 3,545,451.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0. 0.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
9	15 8	Salaries, other compensation, e <mark>mp</mark> loyee benefits (<mark>Par</mark> t IX, column (A), lines 5-10)	1,520,23	4. 2,237,620.
Expenses	16 a F	Professional fundraising fees (Pa <mark>rt IX</mark> , column (A), l <mark>ine</mark> 11e)		0. 0.
ğ	b∃	otal fundraising expenses (Part IX, column (D), line 25)		
ш	1/ (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	986,50	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4 4 4 4 4 4	
_ 0	19 F	Revenue less expenses. Subtract line 18 from line 12		
Net Assets or Find Balances		(7)	Beginning of Current Ye	
SSE	20	otal assets (Part X, line 16)	863,608 157,038	
let /	21	otal liabilities (Part X, line 26)	706,57	
	2 22	let assets or fund balances. Subtract line 21 from line 20	700,57	J. 1,017,070.
		ties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements, and to the best of	of my knowledge and belief, it is
	•	, and complete. Declaration of preparer (other than officer) is based on all information of which pre	•	,
_				
Sig	ın	Signature of officer	Date	
He		KIMBERLY TISSOT, EXECUTIVE DIRECTOR		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	
Pai	-	GABRIELLE P. DAVIS, CPA GABRIELLE P. DAVIS	, 05/0//21 self-er	
		Firm's name MCGREGOR AND COMPANY, LLP	Firm's EIN	▶ 57-0292726
Use	Only	Firm's address POST OFFICE BOX 135		/002\ 707 0002
_		COLUMBIA, SC 29202	Phone no.	
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

Form	n 990 (2019) ABLE SOUTH CAROLINA, INC 58-2336332	Page 2
Pa	rt III Statement of Program Service Accomplishments	-
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO CREATE GREATER ACCESS AND OPPORTUNITIES FOR INDEPENDENCE THROUGH	
	EMPOWERING INDIVIDUALS WITH DISABILITIES AND PROMOTING COMMUNITY	
	INCLUSION.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	110
2		X No
3	0, 0, 1, 1, 0,	_21 INO
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	nd
	revenue, if any, for each program service reported.	. 0 0
4a		<u>. 088</u>
	ABLE SC IS A CHANGE AGENT COMMITTED TO FOSTERING AN INCLUSIVE SOCIET	
	THAT EMPOWERS INDIVIDUALS WITH DISABILITIES TO LIVE FULLY ENGAGED AN	עו
	SELF DIRECTED LIVES. ABLE SC CHALLENGES STEREOTYPES, PROTECTS	
	DISABILITY RIGHTS AND CHAMPIONS SOCIAL REFORM.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	, t =	
_		
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
-	(Expenses \$ including grants of \$) (Revenue \$)	
4e	2 720 104	
		0 (2019)

Part IV Checklist of Required Schedules

			Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?				
	If "Yes," complete Schedule A	1	X		
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for				
	public office? If "Yes," complete Schedule C, Part I	3		X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect				
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,	
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.	
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х	
7	7 Did the organization receive or hold a conservation easement, including easements to preserve open space,			x	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x	
•	Schedule D, Part III	8			
9					
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?				
40	If "Yes," complete Schedule D, Part IV	9		X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10			
11	as applicable.				
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,				
а	2.11	11a	Х		
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in				
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI and XII	12a	Х		
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		Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X	
b					
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			.	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		X	
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		x	
17	or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		_ <u> </u>	
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- '' -			
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"				
	complete Schedule G, Part III	19		х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X	
	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? If "Yes," complete Schedule I, Parts I and II	21		Х	

Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete			
	Schedule J	23		х
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	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			,,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			.
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		Х
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38		
. u	Check if Schedule O contains a response or note to any line in this Part V			
	Shook in Contourie Contraine a reciponed of note to any line in this real v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 13	3	1.03	1.0
b		o l		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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

			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	}								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37						
5a	, , , , , , , , , , , , , , , , , , , ,	5a 5b		X						
b	, , , , , , , , , , , , , , , , , , , ,									
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		х						
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a								
D	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	0.0								
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 payors	7a		Х						
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?	7с		Х						
d										
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									
_	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12									
	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 11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1								
	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	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	_								
	Enter the amount of reserves on hand	1		v						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	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	45		X						
	excess parachute payment(s) during the year? If "Vos " soo instructions and file Form 4720. Schodule N.	15								
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х						
10	If "Yes," complete Form 4720, Schedule O.	10								
	11 Too, Complete Form 4720, Conceduc C.		. <u>000</u>	(0040)						

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6											
7a											
	more members of the governing body?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X							
b	Describe in 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? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
b	Other officers or key employees of the organization	15b		X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►SC										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only	/) avail	able							
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial								
	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										
	KIMBERLY TISSOT - 803-779-5121										
	720 GRACERN RD, STE 106, COLUMBIA, SC 29210										

932006 01-20-20

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

(A)	(B)	Docitio						(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc.				pa		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		loyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DR. DAVID DAWSON	2.00	드	드	6	촟	E P	윤			
IMMEDIATE PRESIDENT		Х		X				0.	0.	0
(2) STACY THOMPSON	2.00							-		-
DIRECTOR		X						0.	0.	0
(3) DAVID LAIRD	2.00									
PRESIDENT		Х		X				0.	0.	0
(4) KEITH BOGART	2.00									
SECRETARY		Х		Х				0.	0.	0
(5) CORY WATSON	2.00									
VICE CHAIR		Х		X				0.	0.	0
(6) JOSEPH BATES	2.00	l								
DIRECTOR	0.00	Х						0.	0.	0
(7) CLAYTON COPELAND	2.00									_
DIRECTOR	2.00	Х						0.	0.	0
(8) BRADLEY CRAIN	2.00	. ,							0	_
DIRECTOR	2 00	Х				_		0.	0.	0
(9) ADAM FOGLE NAUGHTON	2.00	x						0.	0.	0
DIRECTOR (10) ANGELA MCWHITE	2.00	^						0.	0.	0
DIRECTOR	2.00	Х						0.	0.	0
(11) KEVIN SMITH	2.00									
DIRECTOR		x						0.	0.	0
(12) SARAH ST. ONGE	2.00									
DIRECTOR		Х						0.	0.	0
(13) CHELSEA STINNETT	2.00									
DIRECTOR		Х						0.	0.	0
(14) LINDA SALANE	2.00									
DIRECTOR		Х						0.	0.	0
(15) KIMBERLY TISSOT	40.00							_		
EXECUTIVE DIRECTOR			_	Х				82,554.	0.	8,098
		-								
			l	l	l	1	l			

Form 990		OUTH CARO								58-23	336	332	Pa	ge 8
Part VII	Section A. Officers, Directors, 1	Trustees, Key Em	ploy	ees			ghe	st C	ompensated Employe	es (continued)				
	(A) Name and title Average hours per week (list any			not c , unle	Pos heck ss pe d a d	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		Esti amo o	(F) mate ount outher	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		orga	m the nizati relate	e on ed
1b Sub									82,554.		0.	8	, 09	
	al from continuation sheets to Par al (add lines 1b and 1c)								82,554.		0.	8	, 09	0. 98.
2 Tota	al number of individuals (including bapensation from the organization	ut not limited to th					_	no re	<u> </u>	0,000 of reportable	е		,	(
	perioation from the organization												Yes	No
line	the organization list any former <mark>of</mark>fi 1a? <i>If</i> "Yes," complete Schedul <mark>e J</mark> t	for such individ <mark>ual</mark>										3		Х
and	any individual listed on line 1a, i <mark>s th</mark> related organizations greater than s	\$150,000? If "Yes,	" coi	mple	ete S	Sche	edul	e J f	for such individual			4		Х
rend	any person listed on line 1a receive dered to the organization? If "Yes," o					-		elat	ed organization or indiv	idual for services		5		Х
1 Com	B. Independent Contractors nplete this table for your five highes		-								pens	ation fro	om	
the	organization. Report compensation (A) Name and busin) NI		vitri	or w	/ILINII	(B) Description of s		C	(C)		 1
					<u></u>				·			-		
2 Tota	al number of independent contracto	are (including but s	not lir	mito	d +^	tho	90 li	stee	d above) who received a	nore than				
	0,000 of compensation from the org		iot III	inte	u 10		0	J. C.	above, will received II	iore triair		Form 9	90 (2	010)

932008 01-20-20

Pa	rt v	Ш			5			
			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
ts s	1	<u> </u>	Federated campaigns 1a					36000113 312 - 314
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
Ē,Ğ			Fundraising events 1c					
iifts ar /			Related organizations 1d					
s, G				289,486.				
rigi			All other contributions, gifts, grants, and	-				
the the				155,648.				
		g	Noncash contributions included in lines 1a-1f					
<u>ටු ළ</u>		h	Total. Add lines 1a-1f	>	3,445,134.			
				Business Code				
<u>e</u>	2	а	PROGRAM FEES	900099	91,096.	91,096.		
erzi Perzi		b						
n S		С				4		
grai Re		d						
Program Service Revenue		e						
_		†	All other program service revenue		91,096.			
	3		Total. Add lines 2a-2f		J1,050.			
	3		other similar amounts)	•	5,737.			5,737.
	4		Income from investment of tax-exempt bond p					7
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
Ф		b	Less: cost or other basis					
nue		_	and sales expenses 7b					
Revenue		G	Gain or (loss) 7c Net gain or (loss)					
er			Gross income from fundraising events (not					
퉏	ľ	а	including \$ of					
_			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b					
		С	Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	····· •				
	10	а	Gross sales of inventory, less returns					
		L	and allowances 10a Less: cost of goods sold 10b					
			Less: cost of goods sold					
		C	Net income or (loss) from sales of inventory	Business Code				
Miscellaneous Revenue	11	а	OTHER	900099	3,484.	3,484.		
ane		b				· · · · · · · · · · · · · · · · · · ·		
Sell		С						
Mis		d	All other revenue					
_			Total. Add lines 11a-11d		3,484.	0.4 500		E = 2 =
	12		Total revenue. See instructions		3,545,451.	94,580.	0.	5,737.

Part IX | Statement of Functional Expenses

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

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
_	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	90,652.	54,391.	36,261.	
6	Compensation not included above to disqualified	-	-		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,746,826.	1,554,675.	192,151.	
8	Pension plan accruals and contributions (include			-	
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	262,232.	233,386.	28,846.	
10	Payroll taxes	137,910.	122,740.	15,170.	
11	Fees for services (nonemployees):	,			
	Management				
b	Legal	48,208.	12,000.	36,208.	
c	Accounting	18,138.	11,837.	6,301.	
d	Lobbying	2,300.	==,	2,300.	
e	Professional fundraising services. See Part IV, line 17			,	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	353,602.	325,278.	28,324.	
12	Advertising and promotion			, ,	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	254,434.	200,955.	53,479.	
17	Travel	81,313.	72,368.	8,945.	
18	Payments of travel or entertainment expenses	,	,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,535.	9,376.	1,159.	
23	Insurance	25,549.	21,840.	3,709.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	WORKPLACE EXPANSION	54,305.	3,481.	50,824.	
b	SPECIAL EVENTS	47,767.	21,619.	26,148.	
c	PROGRAM SUPPLIES	45,535.	37,548.	7,987.	
d	POSTAGE AND PRINTING	21,250.	15,318.	5,932.	
-		41,310.	32,372.	8,938.	
25	Total functional expenses. Add lines 1 through 24e	3,241,866.	2,729,184.	512,682.	0
26	Joint costs. Complete this line only if the organization			•	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0.01-20-20				Form 990 (2019

Part X Balance Sheet

га	IL A	balance Sheet				
		Check if Schedule O contains a response or note to any line	e in this Part X		······	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		363,622.	1	1,050,781.
	2	Savings and temporary cash investments		300,0220	2	
	3	Pledges and grants receivable, net		133,621.	3	125,129
	4	Accounts receivable, net		183,116.	4	149,588
	5	Loans and other receivables from any current or former offi		200,2200	_	217,000
	"	trustee, key employee, creator or founder, substantial conti				
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified person				
		under section 4958(f)(1)), and persons described in section			6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		25,143.	9	25,143
		Land, buildings, and equipment: cost or other		23,113	-	23/113
	IUa	basis. Complete Part VI of Schedule D10a	144,657.	4		
	١ ,	Less: accumulated depreciation 10b	127,885.	24,518.	10c	16,772
	1			133,588.	11	145,333
	11	Investments - publicly traded securities		133,300.	12	143,333
	12	Investments - other securities. See Part IV, line 11			13	
	13	Investments - program-related. See Part IV, line 11			14	
	14	Intangible assets				
	15	Other assets. See Part IV, line 11		863,608.	15 16	1,512,746
	16 17	Total assets. Add lines 1 through 15 (must equal line 33)		157,038.	17	163,968
	18	Accounts payable and accrued expenses		137,030.	18	103,500
	19	Grants payable			19	
	20	Deferred revenue			20	
	21	Tax-exempt bond liabilities			21	
	22	Escrow or custodial account liability. Complete Part IV of So				
Liabilities	22	Loans and other payables to any current or former officer, of				
ij		trustee, key employee, creator or founder, substantial controlled entity or family member of any of these persons			22	
Lia	22				23	
	23	Secured mortgages and notes payable to unrelated third pa			24	
	25	Unsecured notes and loans payable to unrelated third parti Other liabilities (including federal income tax, payables to re			24	
	23	parties, and other liabilities not included on lines 17-24). Co				
		of Schedule D	Implete Falt A	0.	25	331,100
	26	Total liabilities. Add lines 17 through 25		157,038.	26	495,068
	20	Organizations that follow FASB ASC 958, check here		237,0330		233,000
es		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		706,570.	27	1,017,678
Bal	28	Net assets with donor restrictions			28	
<u> </u>	20	Organizations that do not follow FASB ASC 958, check I				
Ξ		and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fu			30	
Ass	31	Retained earnings, endowment, accumulated income, or ot			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		706,570.	32	1,017,678.
2	33	Total liabilities and net assets/fund balances		863,608.	33	1,512,746.
	100	Total habilition and not doods/fulfu balarious		220,000	55	Form 990 (2019)

Form	990 (2019) ABLE SOUTH CAROLINA, INC	58-2336	332	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		,54!		
2	Total expenses (must equal Part IX, column (A), line 25)	2 3	,241		
3	Revenue less expenses. Subtract line 2 from line 1	3			85.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			70.
5	Net unrealized gains (losses) on investments	5		7,5	23.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10 1	,01	/ <u>,</u> 6	78.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				77
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			77	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			v	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-		Ţ	
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?			v	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	_3b	X	(00:40)
			⊢orm ·	ઝઝ∪ ((2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization ABLE SOUTH CAROLINA, INC 58-2336332 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). 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: 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). 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.) 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 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
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 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
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 ☐ Type I. A support of the supervised organization operated organization of the supervised organization operated organization operated organization of the supervised organization of the supervised organization or the supervised organization of the supervised organization or the supervised or the supervised organization or the supervised organi the supported organization(s) the power to r<mark>egu</mark>larly appoint or <mark>ele</mark>ct a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar 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 organ-						
	ization'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.						
Sec	tion B. Total Support						
Cale	ndar 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	4					
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	tax year as a sectio	n 501(c)(3)	
0	organization, check this box and stor	here					<u></u>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2019 (14	<u>%</u>
	Public support percentage from 2018						%
16a	33 1/3% support test - 2019. If the c	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the d	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	· ·	~	
_	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-				•	
	more, and if the organization meets the				-		e
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sche	eaule A (Form 990	or 990-EZ) 2019

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.)

<u> </u>	qualify under the tests listed b	elow, please comp	olete Part II.)				
	ction A. Public Support						_
	ndar 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	1016405	1554700	2067056	2527072	2445124	10000076
	include any "unusual grants.")	1216425.	1554788.	2067956.	2537973.	3445134.	10822276.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	105 650	260 702	140 005	106 300	04 500	715 504
	organization's tax-exempt purpose	105,658.	268,792.	140,095.	106,399.	94,580.	715,524.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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	1322083.	1823580.	2208051.	2644372.	3539714.	11537800.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						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.
_	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						11537800.
Sec	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	1322083.	1823580.	2208051.	2644372.	3539714.	(f) Total 11537800.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	432.	3,255.	7,246.	6,612.	5,737.	
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	432.	3,255.	7,246.	6,612.	5,737.	23,282.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1322515.	1826835.	2215297.	2650984.	3545451.	11561082.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organia	zation,
	check this box and stop here						>
	ction C. Computation of Publ						
15	Public support percentage for 2019 (line 8, column (f), c	livided by line 13,	column (f))		15	99.80 %
	Public support percentage from 2018					16	99.79 %
	ction D. Computation of Inve						
						17	.20 %
	Investment income percentage from					18	.21 %
19a	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						
b	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%, che	•			•		
00	Private foundation If the organization						

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

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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.)

	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

Pai	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	The respecting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	5 7 11			
	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 directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
<u>Sec</u>	tion D. All Type III Supporting Organizations			
	_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Inte <mark>grated Supporting Organizations</mark>			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions	:).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (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? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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</i> Part VI.	3a		
b				
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must cor	nplete	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 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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functionally	/ integr	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	
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	he organization is responsiv	e	
	(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			
Secti	on 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 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	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.			
	Breakdown of line 7:			
	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 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.
	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.)
	$oldsymbol{A}$
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2019

ABLE SOUTH CAROLINA, INC 58-2336332 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the

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

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

ABLE SOUTH CAROLINA, INC

58-2336332

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ELIZABETH MCARTHUR 340 N. FLAT ROCK ROAD PIEDMONT, SC 29673	\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ABLE SOUTH CAROLINA, INC

58-2336332

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

crusively religious, charitable, etc., contribution many one contributor. Complete columns (a) to impleting Part III, enter the total of exclusively religious, other duplicate copies of Part III if additional is (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift	through (e) and the following line ent haritable, etc., contributions of \$1,000 or I space is needed. (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
(b) Purpose of gift Transferee's name, address, and	(c) Use of gift (e) Transfer of gift	Relationship of transferor to transferee
	d ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		
Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	<u> </u>
Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of aift	
Transferee's name, address, and		Relationship of transferor to transferee
	Transferee's name, address, and (b) Purpose of gift	(e) Transfer of gift Transferee's name, address, and ZIP + 4

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (see separate instructions), then				
 Section 501(c)(4), (5), or (6) organizat 	ions: Complete Part III.			
Name of organization	·		Empl	oyer identification number
	UTH CAROLINA, INC			58-2336332
Part I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 o	rganization.
1 Provide a description of the organiz	ation's direct and indirect politic	al campaign activities	i <mark>n P</mark> art IV.	
2 Political campaign activity expendit	ures		▶\$	
3 Volunteer hours for political campai	gn activities			
D. II. C. III. C.		11 504/3	(0)	
	anization is exempt und			
1 Enter the amount of any excise tax	incurred by the organization und	der section 4955		
2 Enter the amount of any excise tax	ncurred by organization manage	ers under section 4955) > \$	Yes No
3 If the organization incurred a section				
4a Was a correction made?				Tes INO
Part I-C Complete if the org	anization is exempt und	er section 501(c).	except section 501(c)(3).
1 Enter the amount directly expended				
2 Enter the amount of the filing organ				
exempt function activities			_	
3 Total exempt function expenditures				
line 17b			▶\$	
4 Did the filing organization file Form	1120-POL for this year?			Yes No
5 Enter the names, addresses and en				
made payments. For each organiza	ti <mark>on lis</mark> ted, enter the <mark>am</mark> ount pai	d from the filing organiz	zation's funds. Also enter th	ne amount of political
contributions received that were pro			•	te segregated fund or a
political action committee (PAC). If a	additional space is needed, prov	vide information in Part	IV.	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			filing organization's	contributions received and promptly and directly
			funds. If none, enter -0	delivered to a separate
				political organization.
				If none, enter -0
			+	
		1	1	

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

Lobbying E <mark>xp</mark> enditures Du <mark>ring</mark> 4-Ye <mark>ar A</mark> veraging Period						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total	
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 ABLE SOUTH CAROLINA, INC 58-233633 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	" response on lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)	
	e lobbying activity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:		х		
	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	^		
	Media advertisements?		Х		
	Mailings to members, legislators, or the public?		Х		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		2,300.	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?		Х	0 200	
	Total. Add lines 1c through 1i		Х	2,300.	
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Pai	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4	on 501(c)	(5). or se	ction	
	501(c)(6).	` '	· //		
				Yes No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t				
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OF	(b) Part	III-A, line 3, is	
_	answered "Yes."				
1	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		1		
2	expenses for which the section 527(f) tax was paid).	Cai			
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
	rt IV Supplemental Information				
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part I	I-A, lines 1 a	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:				
то	EDUCATE POLICYMAKERS ABOUT ABLE SC. TO LOBBY FOR S	C EMPI	LOYMEN	T FIRST	
IN	ITIATIVE LEGISLATION AND EXECUTIVE ORDER. TO REQUES	T STAT	re		
AP	PROPRIATIONS. TO MONITOR LEGISLATIVE AND REGULATORY	DEVE	COPMEN	TS. TO	
DE	VELOP STRATEGIC RELATIONSHIPS TO ADVANCE POLICIES F	'AVORAI	BLE TO	WARDS	
AB:	LE SC. TO ASSIST WITH LEGISLATIVE HANDOUTS, LEGISLA			000 or 000 E7\ 0040	
		Schedu	ne o (corm	990 or 990-EZ) 2019	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ABLE SOUTH CAROLINA, INC

Employer identification number 58-2336332

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other S	Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	-		
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for ar	y other purpose	
Day	impermissible private benefit?			
Pai		-	s" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	` ' ' */		
	Preservation of land for public use (for example, recrea	ation or education)		a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contrib	ution in the form	
	day of the tax year.			Held at the End of the Tax Yea
a	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or t	erminated by the	e organization during the tax
	year >			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			□v □N.
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, ar	ia enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and an	foreing concents	tion agramants during the year
′	\$	alling of violations, and en	lording conserva	nion easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requiremen	ts of section 170	(b)(4)(B)(i)
Ü	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
5	balance sheet, and include, if applicable, the text of the footi		· ·	
	organization's accounting for conservation easements.	note to the organization s	i ili ariolai statorri	chts that describes the
Pai	t III Organizations Maintaining Collections o	f Art. Historical Tre	asures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	•	,	
1a	If the organization elected, as permitted under FASB ASC 95		enue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	•		
	service, provide in Part XIII the text of the footnote to its final	· ·		•
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	, ,		,
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				L 4
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1	-		\$
	Assets included in Form 990, Part X			

932051 10-02-19

Schedule D (Form 990) 2019

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

a laing the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection frems (check all that apply): a Public exhibition b Scholarly research c Proservation for future generations c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Part IV Exhibition and the provides and explain how they further the organization's exempt purpose in Part XIII. It is be organization solicity or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	Par	rt III Organizations Maintaining Co	llections of Ar	t, Historical	Treasures, o	r Othe	r Simila	ar Asse	ts (continue	ed)
a Public exhibition d loan or exchange program b Scholarly research c Perservation for future generations description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Part IV Ecrow and Custodial Arrangements. Complete if the organization's collection? ve No Part IV Part IV Ecrow and Custodial Arrangements. Complete if the organization's collection? ve No No Part IV Ecrow and Custodial Arrangements. Complete if the organization's collection? ve No No If ves vesplain the arrangement in Part XIII and complete the following table: Amount In Early School Ves No If ves vesplain the arrangement in Part XIII and complete the following table: Amount In Edition during the year 1e In Part V Endowment Funds. Complete if the organization has been provided on Part XIII Part V Endowment Funds. Complete if the organization has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "ves" on Form 990, Part XIII Part V Endowment Funds. Complete if the organization has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "ves" on Form 990, Part XIII Part V Endowment Funds. Complete if the organization answered "ves" on Form 990, Part XIII Part V Endowment Funds. Complete if the organization answered "ves" on Form 990, Part XIII Part V Endowment Funds. Complete if the organization answered "ves" on Form 990, Part XIII Part V Endowment I Se Se Se Se Se Se Se	3	Using the organization's acquisition, accession	n, and other records	s, check any of t	ne following that	t make si	gnificant	use of its		
b Scholarly research e		collection items (check all that apply):								
c	а	Public exhibition	d	Loan or e	xchange progra	m				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds atther than to be maintained as part of the organization's collection? For any organization and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or received an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian or other intermediacy for contributions or other assets not included on Form 990, Part X, line 21. 1b Is the organization an agent, frustee, custodian or other intermediacy for contributions or other assets not included on Form 990, Part X, line 21. 1c Beginning balance 1c Beginning balance 1d Admount 1c Amount 1c Amount 1c Amount 1c Amount 1c Beginning balance 1d Beginning of year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 Yes No 1 If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII 2 Beginning of year balance 3 Beginning of year balance 4 Administrative expenses 5 End of year balance 6 Other expenditures for facilities 1 Administrative expenses 5 End of year balance 6 Other expenditures for facilities 1 Administrative expenses 5 End of year balance 6 Other expenditures for facilities 1 Administrative expenses 5 Provide the endowment Section of the organization that are held and administered for the organization 1 Administrative expenses 5 Provide the organizations 6 Permanent endowment Section of the organization sisted as required on Schedule R? 2 Provide the andownent Section of the organization is endownent funds. 1 Description of property 1	b	Scholarly research	е	Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV	С	Preservation for future generations								
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV	4	Provide a description of the organization's coll	ections and explain	n how they furthe	r the organization	on's exem	npt purpo	se in Par	XIII.	
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9 or reported an amount on Form 990, Part X?	5									
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9 or reported an amount on Form 990, Part X?		to be sold to raise funds rather than to be main	ntained as part of th	ne organization's	collection?				Yes	☐ No
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If Yes,* explain the arrangement in Part XIII and complete the following table: Amount Ic Amount Ic Additions during the year Id Ic Ic Ic Ic Ic Ic Ic	Par	rt IV Escrow and Custodial Arrang	ements. Comple	te if the organiza	tion answered "	Yes" on F	orm 990	, Part IV,	line 9, or	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount		reported an amount on Form 990, Part	X, line 21.							
b If "Yes," explain the arrangement in Part XIII and complete the following table: C	1a	Is the organization an agent, trustee, custodial	n or other intermed	iary for contribut	ons or other ass	sets not i	ncluded			
b If "Yes," explain the arrangement in Part XIII and complete the following table: C		on Form 990, Part X?							Yes	O No
c Beginning balance d Additions during the year e Distributions during the year 1 tel 1d	b									
d Additions during the year									Amount	
d Additions during the year	С	Beginning balance					1c			
e Distributions during the year f Ending balance In In In In In In In I										
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes										
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11.										
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ b Permanent endowment ▶ c Term endowment ▶ sharp years back (e) Four years ba									Yes	No
Redowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three										
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) F										
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Related organizations (iv) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other								ears back	(e) Four vo	ears back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a		(,	(12)	(-)		,		(-)	
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment										
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment										
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment										
and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶										
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	C									
g End of year balance					,					
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶										
a Board designated or quasi-endowment	_		nt voor and balance	o (line 1 a column	(a)) hold as:					
b Permanent endowment ▶			nt year end balance		r (a)) rieid as.					
the percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iv) In a line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment c Other Other Other Other 144,657. 127,885. 16,7772.			0/	_%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iiiii) Related organizations (iiiii) Related organizations (iiiii) Related organizations (iiiii) Related organizations (iiiiii) Related organizations (iiiiii) Related organizations (iiiiii) Related organizations (iiiiii) Related organizations (iiiiiii) Related organizations (iiiiii) Related organizations (iiiii) Related organizations (iiiiiii) Related organizations (iiiiii) Related organizations (iiiiii) Related organizations (iiii) Related organizations (iii) R										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other 144,657. 127,885. 16,772.	С	, , , , , , , , , , , , , , , , , , , ,								
by: Ves No (i) Unrelated organizations Sa(i) Unrelated organizations Sa(ii) Related organizations Sa(ii) Related organizations Sa(ii) Selected organizations Sa(ii) Selected organizations Steed as required on Schedule R? Selected S	0-		•	Alam Alambana Isala						
(ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements d Equipment e Other Other 144,657 127,885 16,772	Зa		sion of the organiza	ition that are nei	and administer	rea for th	e organiz	ation	L.	- 1
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value Buildings c Leasehold improvements d Equipment e Other 144,657. 127,885. 16,772.		•								es No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) basis (other) c Leasehold improvements d Equipment e Other Other 144,657. 127,885.										
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation Land b Buildings c Leasehold improvements d Equipment e Other other basis (other) (c) Accumulated depreciation (d) Book value (
Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) basis (other) c Leasehold improvements d Equipment e Other 144,657. 127,885.	b				₹?				3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) basis (other) basis (other) c Leasehold improvements d Equipment e Other 1144,657. Description of property (d) Book value (d) Book value 127,885.	Do:			wment funds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (e) Accumulated depreciation (f) Cost or other basis (other) (f) Accumulated depreciation (f) Book value (f) Book value (f) Book value (f) Accumulated depreciation (f) A	Pai			D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 5 000	5	. 40			
basis (investment) basis (other) depreciation 1a Land Image: Control of the										
1a Land		Description of property	1 ' '		I	` '		d	(d) Book v	/alue
b Buildings C Leasehold improvements c Leasehold improvements C Leasehold improvements d Equipment C Differ e Other 144,657. 127,885. 16,772.				ierit) bas	is (otner)	aepi	reciation			
c Leasehold improvements 4 Equipment d Equipment 144,657. 127,885. 16,772.										
d Equipment										
e Other 144,657. 127,885. 16,772.										
					44 657	- 4	27 0	<u>. </u>		770
						1	<u>∠</u> / , 88	35.	16 16	772

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 ABLE SOUTH (CAROLINA, INC	58-	2336332 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) <u>C</u>	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	7		
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	•	
Part X Other Liabilities.	10.9		
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	
1. (a) Description of liability		22	(b) Book value
(1) Federal income taxes			, , , , , , , , , , , , , , , , , , , ,
(2) SBA PAYCHECK PROTECTION LO	DAN (PPP)		331,100
(C) 3211 1111 311 311 111 311 111 11 11	\ /		331,100

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	SBA PAYCHECK PROTECTION LOAN (PPP)	331,100.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	331,100.

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... X

Schedule D (Form 990) 2019

Par	t XI Reconciliation of Revenue per Audited Financial St		venue per Returi	ո.
	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	3,552,974.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	E 500	
а	Net unrealized gains (losses) on investments		7,523.	
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		F 500
е	Add lines 2a through 2d			7,523.
3	Subtract line 2e from line 1		3	3,545,451.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		0
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.	2.)	5	3,545,451.
Par	T XII Reconciliation of Expenses per Audited Financial S		penses per Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV,			2 241 066
1	Total expenses and losses per audited financial statements	<u>4</u>	1	3,241,866.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			0
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	3,241,866.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		0
	Add lines 4a and 4b			0. 3,241,866.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information.	18.)	5	3,241,000
		d 4. Doct IV. Barra 4 brand	Ob Doubly Back As Doub	V 15 0- D-+ VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			X, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional informatio	III.	
PAF	RT X, LINE 2:			
	(I A, DINE 2.			
MAN	NAGEMENT HAS EVALUATED THE ORGANIZATIO	N'S TAX POST	TTONS AND C	ONCLUDED
	WIGHINIT HIS EVILORIED THE ORGINIZATION	11 0 11111 1 001	11010 1110 0	ONCHODED
тни	AT THE ORGANIZATION HAS NO UNCERTAIN T	AX POSTTIONS	•	
	II III ORGINIZIIIION IIID NO ONGINIIIIN I	1111 1 001110110	•	

SCHEDULE 0

(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

Inspection

Name of the organization

Employer identification number

ABLE SOUTH CAROLINA, INC	58-2336332
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
TO CREATE GREATER ACCESS AND OPPORTUNITIES FOR INDEPENDEN	ICE THROUGH
EMPOWERING INDIVIDUALS WITH DISABILITIES AND PROMOTING CO	MMUNITY
INCLUSION.	
FORM 990, PART VI, SECTION B, LINE 11B:	
CPA PREPARES AND THE ACCOUNTANT, EXECUTIVE DIRECTOR, AND	THE BOARD
TREASURER REVIEWS BEFORE SIGNING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD REVIEWS THE ANNUAL DISCLOSURES SUBMITTED BY EAC	H MEMBER.
FORM 990, PART VI, SECTION B, LINE 15A:	
ANNUALLY THE EXECUTIVE DIRECTORS SALARY IS REVIEWED ALONG	WITH THE ANNUAL
EVALUATION WHICH IS SHARED WITH THE FULL BOARD OF DIRECTO	PRS.
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON WRITTEN REQUE	ST
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANT FEES:	
PROGRAM SERVICE EXPENSES	187,031.
MANAGEMENT AND GENERAL EXPENSES	700.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	187,731.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization ABLE SOUTH CAROLINA, INC	Employer identification number 58 – 2336332
TECHNICAL SUPPORT:	
PROGRAM SERVICE EXPENSES	32,429.
MANAGEMENT AND GENERAL EXPENSES	6,130.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	38,559.
PUBLIC RELATIONS:	
PROGRAM SERVICE EXPENSES	32,892.
MANAGEMENT AND GENERAL EXPENSES	18,922.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	51,814.
OTHER:	
PROGRAM SERVICE EXPENSES	72,926.
MANAGEMENT AND GENERAL EXPENSES	2,572.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	75,498.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	353,602.
FORM 990, PART XII, LINE 2C:	
PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	COMPUTER EQUIPMENT	05/16/02	SL	5.00	1	16	7,817.				7,817.	7,817.		0.	7,817.
2	COMPUTER EQUIPMENT	09/23/02	SL	5.00	1	16	1,363.				1,363.	1,363.		0.	1,363.
3	LATERAL FILE CABINETS 6	12/09/02	SL	7.00	1	16	900.				900.	900.		0.	900.
4	CONFERENCE TABLE	12/12/02	SL	7.00	1	16	200.				200.	200.		0.	200.
5	WORK TABLES	12/12/02	SL	7.00	1	16	675.				675.	675.		0.	675.
6	6 BOOK SHELVES	12/03/02	SL	7.00	1	16	150.				150.	150.		0.	150.
7	LAPTOP PEEDEEE	03/19/02	SL	7.00	1	16	634.				634.	634.		0.	634.
8	WATER COOLER	04/02/03	SL	7.00	1	16	156.				156.	156.		0.	156.
9	TELEPHONE SYSTEM	09/30/03	SL	7.00	1	16	5,915.				5,915.	5,915.		0.	5,915.
10	NOTEBOOK COMPUTER	02/22/07	SL	5.00		16	848.				848.	848.		0.	848.
11	COMPUTER	02/22/07	SL	5.00	1	16	1,007.				1,007.	1,007.		0.	1,007.
12	2004 CHEVROLET	11/07/06	SL	5.00	1	16	16,900.				16,900.	16,900.		0.	16,900.
13	COMPUTER EQUIPMENT	10/01/07	SL	5.00	1	16	16,937.				16,937.	16,937.		0.	16,937.
14	COMPUTER EQUIPMENT	10/01/07	SL	5.00	1	16	5,995.				5,995.	5,995.		0.	5,995.
15	COMPUTER EQUIPMENT AND SERVER	09/01/12	SL	5.00	1	16	15,020.				15,020.	15,020.		0.	15,020.
16	DELL LATITUDE COMPUTER-GREENVILLE	09/01/13	SL	5.00	1	16	889.				889.	889.		0.	889.
17	FILE CABINET	09/01/13	SL	7.00]	16	361.				361.	316.		45.	361.
18	STORAGE CABINET	09/01/13	SL	7.00	1	16	256.				256.	225.		31.	256.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	_ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	ORECK VACUUM	09/01/13	SL	5.00	1	.6	329.				329.	329.		0.	329.
20	FAN	09/01/13	SL	7.00	1	.6	57.				57.	49.		8.	57.
21	SHREDDER	09/01/13	SL	7.00	1	.6	391.				391.	341.		50.	391.
22	DELL LAPTOP LATITUDE	09/01/13	SL	5.00	1	.6	1,469.				1,469.	1,469.		0.	1,469.
23	BANNER DISPLAY AND TABLE THROW	09/01/13	SL	7.00	1	.6	436.				436.	377.		59.	436.
24	DELL OPTIPLEX DESKTOP	05/15/15	SL	5.00	1	.6	907.				907.	800.		107.	907.
25	DELL OPTIPLEX DESKTOP	08/15/15	SL	5.00	1	.6	1,152.				1,152.	958.		194.	1,152.
26	DELL OPTIPLEX DESKTOP	08/15/15	SL	5.00	1	.6	1,152.				1,152.	958.		194.	1,152.
27	DELL LATITUDE DESKTOP	08/15/15	SL	5.00	1	.6	1,121.				1,121.	933.		188.	1,121.
28	SONY VIDEO CAMERA	09/15/15	SL	5.00	1	.6	4,498.				4,498.	3,675.		823.	4,498.
29	QUADRAIL SHELVING SYSTEM	09/15/15	SL	7.00	1	.6	10,502.				10,502.	6,125.		1,500.	7,625.
30	DELL OPTIPLEX 7020 DESKTOP	05/15/15	SL	5.00	1	.6	907.				907.	800.		107.	907.
31	DELL OPTIPLEX 7020 DESKTOP	05/15/15	SL	5.00	1	.6	907.				907.	800.		107.	907.
32	DELL LATITUDE DESKTOP	07/15/15	SL	5.00	1	.6	1,038.				1,038.	884.		154.	1,038.
33	DELL LATITUDE DESKTOP	08/15/15	SL	5.00	1	.6	1,121.				1,121.	933.		188.	1,121.
34	DELL OPTIPLEX DESKTOP	09/15/15	SL	5.00	1	.6	719.				719.	588.		131.	719.
35	DELL OPTIPLEX COMPUTER	07/01/14	SL	5.00	1	.6	806.				806.	806.		0.	806.
36	DELL OPTIPLEX COMPUTER	06/01/14	SL	5.00	1	.6	867.				867.	867.		0.	867.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	MISC EQUIPMENT AND FURNITURE	12/01/13	SL	5.00	1	L6	964.				964.	932.		0.	932.
38	DELL T320 SERVER	09/30/14	SL	5.00	1	L6	4,643.				4,643.	4,643.		0.	4,643.
39	SHARPE IMAGER DONATED	08/22/14	SL	5.00	1	L6	1,800.				1,800.	1,800.		0.	1,800.
40	DELL OPTIPLEX COMPUTER	09/13/16	SL	3.00	1	L6	1,113.				1,113.	1,113.		0.	1,113.
41	DELL LATITUDE E5570	03/15/17	SL	3.00	1	L6	1,247.				1,247.	1,074.		173.	1,247.
42	DELL XPS 13 COMPUTER	08/16/17	SL	3.00	1	L6	1,286.				1,286.	894.		392.	1,286.
43	DELL LATITUDE 5580	09/28/17	SL	3.00	1	L6	1,361.				1,361.	908.		453.	1,361.
44	DESK	05/31/17	SL	5.00	1	L6	2,461.				2,461.	1,148.		492.	1,640.
45	CUBICLES	05/23/17	SL	5.00	1	L6	5,115.				5,115.	2,387.		1,023.	3,410.
46	DESK	06/08/17	SL	5.00	1	L6	1,304.				1,304.	609.		261.	870.
47	DELL LATITUDE 5580	10/13/17	SL	3.00	1	L 6	1,114.				1,114.	742.		372.	1,114.
48	DELL LATITUDE 7490	04/26/18	SL	3.00	1	L6	1,770.				1,770.	836.		590.	1,426.
49	DESK	06/11/18	SL	5.00	1	L6	1,899.				1,899.	507.		380.	887.
50	WORKSTATION	11/07/17	SL	5.00	1	L6	2,249.				2,249.	862.		450.	1,312.
51	WORKSTATION	06/02/18	SL	5.00	1	L6	2,724.				2,724.	727.		545.	1,272.
52	DELL LAPTOP LATITUDE	10/03/18	SL	5.00	1	L6	1,790.				1,790.	358.		358.	716.
53	DELL LAPTOP LATITUDE	01/16/19	SL	5.00	1	L6	1,145.				1,145.	153.		229.	382.
54	DELL LAPTOP LATITUDE 3301	09/01/19	SL	5.00	1	L 6	1,078.				1,078.	18.		216.	234.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	SURFACE PRO 6	09/23/19	SL	5.00	1	16	2,402.				2,402.			480.	480.
56	DELL LATITUDE 5300	03/01/20	SL	5.00	1	16	1,443.				1,443.			168.	168.
57	DELL LATITUDE 3400	07/01/20	SL	5.00	1	16	1,347.				1,347.			67.	67.
	* TOTAL 990 PAGE 10 DEPR						144,657.				144,657.	117,350.		10,535.	127,885.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						141,867.			0.	141,867.	117,350.			127,650.
	ACQUISITIONS						2,790.			0.	2,790.	0.			235.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						144,657.			0.	144,657.	117,350.			127,885.
	ENDING ACCUM DEPR											127,885.			
	ENDING BOOK VALUE											16,772.			

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of	this form, visit www.irs.gov/e-file-providers/e-file-for-chari	ties-and-r	non-profits.										
Auton	natic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).										
All corp	orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partners	nips, REMIC	Cs, and trusts								
must us	se Form 7004 to request an extension of time to file incom	e tax retu	rns.										
Type or	rpe or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TII												
print													
File by the	ABLE SOUTH CAROLINA, INC		58-2336332										
due date filing your return. See	or Number, street, and room or suite no. If a P.O. box, s 7.2.0 GRACERN ROAD, NO. 106												
instruction	City, town or post office, state, and ZIP code. For a for COLUMBIA, SC 29210												
Enter th	e Return Code for the return that this application is for (file	e a separa	ate application for eac <mark>h re</mark> turn)			0 1							
Applica	ition	Return	Application			Return							
Is For		Code	Is For			Code							
	90 or Form 990-EZ	01	Form 990-T (corporation)			07 08							
Form 99		02		Form 1041-A									
	720 (individual)	03	Form 4720 (other than individual		09								
Form 99		04	Form 5227			10							
	90-T (sec. 401(a) or 408(a) trust) 90-T (trust other than above)	05	Form 6069 Form 8870			11							
Telep If the	**KIMBERLY TISSOF books are in the care of ▶ 720 GRACERN RD bohone No. ▶ 803-779-5121 e organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶	s in the Ur	Fax No. ▶ nited States, check this box emption Number (GEN)	. If this is fo	or the whole group,								
1 I th	1 I request an automatic 6-month extension of time until AUGUST 16, 2021 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ □ calendar year or ▶ ☒ tax year beginning OCT 1, 2019 , and ending SEP 30, 2020 . 2 If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return												
3a If	Change in accounting period this application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less										
	any nonrefundable credits. See instructions.												
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and													
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$													
с В	alance due. Subtract line 3b from line 3a. Include your pa	ayment wit	th this form, if required, by			•							
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.							
Caution	n: If you are going to make an electronic funds withdrawal	(direct de	ebit) with this Form 8868, see Form	18453-EO a	nd Form 8879-EO fo	or payment							

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)