

Return of Organization Exempt From Income Tax

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

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOUTH CAROLINA ASSOCIATION OF NONPROFIT ORGANIZATIONS Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 400 ARBOR LAKE DRIVE B500 City or town, state or province, country, and ZIP or foreign postal code COLUMBIA, SC 29223	D Employer identification number 57-1057398 E Telephone number 803-929-0399
F Name and address of principal officer: MADELEINE S. MCGEE SAME AS C ABOVE		G Gross receipts \$ 519,489.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
J Website: www.scanpo.org		H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1996 M State of legal domicile: sc

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>TO SERVE, SUPPORT AND STRENGTHEN NONPROFITS FOR A BETTER SOUTH CAROLINA.</u>		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	6
6	Total number of volunteers (estimate if necessary)	6	80
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	203,735.	313,225.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	174,608.	194,997.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	120.	3,553.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,107.	7,714.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	386,570.	519,489.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	266,186.	258,562.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	0.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	163,245.	254,058.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	429,431.	512,620.
	20 Total assets (Part X, line 16)	-42,861.	6,869.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	228,087.	256,109.
		109,410.	130,563.
		118,677.	125,546.

Part II Signature Block

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

Sign Here
 Signature of officer: MADELEINE S. MCGEE Date: 11/10/15
 Type or print name and title: MADELEINE S. MCGEE, PRESIDENT

Paid Preparer Use Only
 Print/Type preparer's name: ERIK M. GLASER, CPA Preparer's signature: [Signature] Date: 11/09/15 Check if self-employed: PTIN: P00724565
 Firm's name: GLASER AND COMPANY, LLC Firm's EIN: 20-5788602
 Firm's address: 1040 ANNA KNAPP BOULEVARD
MT, PLEASANT, SC 29464 Phone no. 843-849-0655

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No