

Return of	f Organization	Exempt	From	Income	Tax
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Form **990**

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

OMB No. 1545-0047 2 Open to Public Inspection

		of the Treasury enue Service		curity numbers on this form a Form990 for instructions and			Open to Public Inspection
	20.00		ar year, or tax year beginning			UN 30, 2023	
B	Check if applicat	C Name of	organization			D Employer identifi	cation number
	Addr	ess ETV	ENDOWMENT OF SOUTH	CAROLINA, INC.			
	Name	e	usiness as	CAROLINA, INC.		57-06575	49
	Initial return Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone						
						864-591-	
	termi	n-	own, state or province, country, and			G Gross receipts \$	19,818,548.
	Amer		TANBURG, SC 29302			H(a) Is this a group r	
	Appli tion	^{ca-} F Name a	nd address of principal officer: COE	Y CARTRETTE HEN	NECY	for subordinates	
6854	pend		KENNEDY STREET, S			H(b) Are all subordinates in	
11	ax-ex	empt status:	X 501(c)(3) 501(c) () (insert no.) 🗌 4947(a)(1)	or 527	If "No," attach a	list. See instructions
JV	Nebsi	ite: WWW.	ETVENDOWMENT.ORG			H(c) Group exemption	n number
		f organization:	X Corporation Trust A	ssociation 🗌 Other	L Year	of formation: 1977	V State of legal domicile; SC
Pa	art I	Summary					
ð	1		e the organization's mission or mos		ROMOTE	EDUCATIONA	L PUBLIC
Activities & Governance		BROADCA	STING IN SOUTH CAR				
ern	2	Check this bo:		ntinued its operations or dispo	sed of more		
Ň	3		ing members of the governing body	· · · · · · · · · · · · · · · · · · ·			24
ن ھ	4		ependent voting members of the go				24
es	5		of individuals employed in calendar				28
ivit	6		of volunteers (estimate if necessary)				24
Act			business revenue from Part VIII, co			<u>7a</u>	0.
-	b	Net unrelated	business taxable income from Form	990-1, Part I, line 11		Prior Year	0. Current Year
		Cantaihudiana				9,131,886.	9,250,704.
an	8				TO POPPONE CONTRACTOR	821,435.	845,299.
Revenue	9			and 7d)	10101 P. D. O. B. O. V. D. V.	1,239,293.	2,297,244.
Re			come (Part VIII, column (A), lines 3, 4		Contraction (Million 1965)	11,660.	24,117.
			(Part VIII, column (A), lines 5, 6d, 8c add lines 8 through 11 (must equal			11,204,274.	12,417,364.
-			nilar amounts paid (Part IX, column			1,041,759.	1,078,324.
			o or for members (Part IX, column (0.	0.
	45	15	compensation, employee benefits (1,068,636.	1,167,523.
Expenses	16a		indraising fees (Part IX, column (A),			0.	0.
per	b		ng expenses (Part IX, column (D), lin		55.		
Ĕ	17		s (Part IX, column (A), lines 11a-11d			7,650,717.	8,070,967.
			s. Add lines 13-17 (must equal Part I			9,761,112.	10,316,814.
a nelles	19	Revenue less e	expenses. Subtract line 18 from line	12		1,443,162.	2,100,550.
or					Be	ginning of Current Year	End of Year
sets	20	Total assets (F	art X, line 16)			31,848,009.	34,927,814.
Net Assets or Fund Balances	21	Total liabilities	(Part X, line 26)			1,746,258.	2,782,833.
Sa	22		und balances. Subtract line 21 from	line 20		30,101,751.	32,144,981.
Constanting of the	rt II	Signature					
			declare that I have examined this return				/ knowledge and belief, it is
true,	correc		Declaration of preparer (other than offic	er) is based on all information of w	hich preparer	has any knowledge	\
			MWWW			11-12-02)
Sigr		Signature of of				Date	
Here	e	COBY CAI		XECUTIVE DIRECTO	DR		
				Description in the	r	Date Check	PTIN
Daid		Print/Type prep		Preparer's signature			
Paid		AMY BIB	FORVIS, LLP	AMY BIBBY	<u> </u> ⊥	1/10/23 self-employ	ed ₽00445891 4-0160260
Prep		Firm's name		ייסיי		Firm's EIN 4	4-0100200
Use	only	Firm's address	ASHEVILLE, NC 288			Dhama	28) 254-2254
May	the II	I 35 discuss this	return with the preparer shown abo				X Yes No
iviay	uie II	io discuss tills	recum with the preparer shown abo	VE: DEC INSTRUCTIONS			I 44 TES INO

LHA For Paperwork Reduction Act Notice, see the separate instructions. 232001 12-13-22

	990 (2022) ETV ENDOWMENT OF SOUTH CAROLINA, INC. 57-0657549 Page 2
Par	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE ETV ENDOWMENT OF SOUTH CAROLINA IS A 501(C)(3) NONPROFIT FOUNDED
	IN 1977 THAT PROVIDES FUNDING FOR PROGRAMMING BROADCAST ON SOUTH
	CAROLINA ETV, SOUTH CAROLINA PUBLIC RADIO AND OTHER PUBLIC MEDIA
	STATIONS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 5,012,991. including grants of \$) (Revenue \$ 845,299.)
	PROGRAM PURCHASE - THROUGH ANNUAL MEMBERSHIP CONTRIBUTIONS, THE ETV
	ENDOWMENT OF SOUTH CAROLINA SUPPORTS PROGRAMS BROADCAST BY SCETV, SC
	PUBLIC RADIO AND OTHER PUBLIC MEDIA STATIONS. THE ENDOWMENT'S 46,500
	DONORS MADE MORE THAN 263,000 INDIVIDUAL GIFTS IN FY23. THESE
	MEMBERSHIP FUNDS ARE USED TO PURCHASE PROGRAMMING SEEN ON 11 TELEVISION
	STATIONS BROADCASTING FOUR TELEVISION CHANNELS AND HEARD ON NINE RADIO STATIONS BROADCASTING TWO PROGRAMMING STREAMS THROUGHOUT THE STATE.
	FUNDING FOR THE PROGRAMMING THAT IS BROADCAST 24 HOURS PER DAY, SEVEN
	DAYS PER WEEK, INCLUDING THE NATIONAL PBS AND NPR SCHEDULES, IS
	PROVIDED BY MEMBERS OF THE ENDOWMENT. THE ETV ENDOWMENT IS PROUD TO
	SERVE ALL SOUTH CAROLINIANS, WITHOUT REGARD TO THEIR ABILITY TO PAY FOR
	THE MANY PROGRAMS OFFERED.
4b	(Code:) (Expenses \$3,249,250. including grants of \$1,078,324.) (Revenue \$)
	PROGRAM PRODUCTION - SINCE ITS FOUNDING IN 1977, THE ETV ENDOWMENT HAS
	MANAGED NEARLY \$136 MILLION IN RESTRICTED GRANTS FROM CORPORATIONS, FOUNDATIONS AND INDIVIDUALS AS WELL AS STATE AND GOVERNMENTAL ENTITIES.
	THE ENDOWMENT USES THESE FUNDS IN ACCORDANCE WITH GRANT RESTRICTIONS TO
	PRODUCE AND/OR PRESENT PROGRAMS FOR DISTRIBUTION ON A NATIONAL,
	REGIONAL OR STATE LEVEL. SCETV, SC PUBLIC RADIO AND THE ETV ENDOWMENT
	ALSO CONTRIBUTE SIGNIFICANT IN-KIND CONTRIBUTIONS TO THESE PROGRAMS TO
	ENSURE COMPLETION AND DISTRIBUTION. SUCH PROGRAMS INCLUDE TELEVISION,
	RADIO AND NON-BROADCAST EDUCATIONAL PROGRAMS.
4c	(Code:) (Expenses \$ 379,222. including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$379,222. including grants of \$) (Revenue \$) (Revenue \$) MEMBER SERVICES - FOR 45 YEARS, THE ETV ENDOWMENT FAMILY OF DONORS,
	NUMBERING 46,500 HAS PROVIDED MEMBERSHIP CONTRIBUTIONS TO SUSTAIN THE
	PROGRAM PURCHASE AND PRODUCTION OF TELEVISION AND RADIO PROGRAMMING.
	SINCE THE ENDOWMENT'S INCEPTION IN 1977, OUR ENDOWMENT DONORS HAVE
	CONTRIBUTED MORE THAN \$153 MILLION IN UNRESTRICTED MEMBERSHIP FUNDS.
	EVERY MEMBER OF THE ENDOWMENT IS OFFERED A MONTHLY SCENE PROGRAM GUIDE,
	WHICH HIGHLIGHTS THE OFFERINGS ON EACH OF SCETV'S FOUR TELEVISION
	CHANNELS AND TWO RADIO STREAMS. THE ENDOWMENT ALSO SENDS TO MEMBERS MEMBERSHIP DECALS FOR THEIR VEHICLES EACH YEAR SO OTHERS MAY KNOW OF
	THEIR SUPPORT OF PUBLIC MEDIA IN SOUTH CAROLINA. LASTLY, THE ENDOWMENT
	MAILED MORE THAN 2,900 APPRECIATION GIFTS TO OUR DONORS IN FY23. THOSE
	GIFTS INCLUDED DVDS, BOOKS AND TICKETS TO PERFORMANCES ASSOCIATED WITH
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 8,641,463.
	Form 990 (2022)
232002	SEE SCHEDULE O FOR CONTINUATION(S)

2022.05000 ETV ENDOWMENT OF SOUTH CA 57065751

Form 990 (2			ENDOWMENT	OF	SOUTH	CAROLINA,	INC
Part IV	Checklist of Rec	quire	d Schedules				

	· ·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		100	
-	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			1
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		
12a		10-	х	
h	Schedule D, Parts XI and XII	12a	<u></u>	
D		126		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-ra		
2	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
232003	3 12-13-22	Form	990	(2022)

232003 12-13-22

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Form 990 (20					CAROLINA,	INC.
Part IV	Checklist of Require	d Schedules _{(co}	ontinue	ed)		

			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		v
	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		X
a	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	056		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		<u> </u>
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	1		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	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 line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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	Х	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O Tt V Statements Regarding Other IRS Filings and Tax Compliance Charlet if Ocher the Ocher the Ocher the Schedule	38	Х	Ĺ
u				X
	Check if Schedule O contains a response or note to any line in this Part v	· · · · · · · · · · · · · · · ·	Yes	No
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 61		162	140
la b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c c				
U	(gambling) winnings to prize winners?	1c	Х	
232004	4 12-13-22			(2022)

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5 2022.05000 ETV ENDOWMENT OF SOUTH CA 57065751

Form	990 (2022) ETV ENDOWMENT OF SOUTH CAROLINA, INC.	57-0657	549	P	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 28			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	L
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Ad	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	is required			
	to file Form 8282?		7c	х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d 2			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	Х	
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.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
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				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
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	13b	4		
с	Enter the amount of reserves on hand	13c			
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
232005	12-13-22		Form	990	(2022)

Form 990 (2	2022)
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ETV ENDOWMENT OF SOUTH CAROLINA, INC.

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10111000		
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	

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		24			
	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		24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
U					3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse				5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?				7a		X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	e 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 reac						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>enue</u>	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 cha	apters	, 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	befor	e filing the f	orm?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? 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 con	licts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," d	escribe				
	on 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 in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zatior	ı's				
	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed <u>SC</u>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	-T (section 5	01(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	on Sc	hedule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor			licy, and	finand	cial	
	statements available to the public during the tax year.			, <u>.</u>			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records				
	COBY CARTRETTE HENNECY - (864)591-0046						
		930	2				
							(202

Form 990 (2022) ETV ENDO								INA, INC.	57-0657	549 Page 7
Employees, and Independe	-			3 , P	(Cy		ipi	yees, mgnest oo	mpensateu	
Check if Schedule O contains a resp			, line	e in t	his F	Part	VII			
Section A. Officers, Directors, Trustees, Key	Employees, a	nd H	ligh	est (Com	npen	sate	ed Employees		
 1a Complete this table for all persons required t List all of the organization's current office Enter -0- in columns (D), (E), and (F) if no comper 	rs, directors, tru	istee						, ,	•	•
• List all of the organization's current key e	mployees, if any	/. Se	e th	e ins	struc	ction	s fo	r definition of "key emp	loyee."	
who received reportable compensation (box 5 of \$100,000 from the organization and any related • List all of the organization's former officer reportable compensation from the organization a • List all of the organization's former direct more than \$10,000 of reportable compensation See the instructions for the order in which to list Check this box if neither the organization of	organizations. s, key employed and any related ors or trustees from the organiz the persons ab	es, a orga tha zatio ove.	nd h aniza t rec n ar	nighe ation ceive nd ar	est c s. ed, ir ny re	omp n the elate	ens cap d or	ated employees who re pacity as a former direct ganizations.	ceived more than \$100	,
(A)	(B)	l	mza		C)	iperi	out	(D)	(E)	(F)
Name and title	Average hours per week	box offi	not c , unle	Pos heck ss per	ition more rson i	than o s both pr/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) COBY C. HENNECY, CPA, CFRE EXECUTIVE DIRECTOR	40.00 5.00			x				233,062.	10,885.	23,597.

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BOARD MEMBER

(2) LAUREN CHIVERS

(3) W.M. SELF, JR.

(4) CATHERINE EDWARDS

(5) WILLIAM A. FINN

(7) MARYANNE BELSER

(8) JAMES W. BRADSHAW

(9) DAVID BUCKSHORN

(10) J. ASHLEY COOPER

(11) ELEANOR DUNLAP

(12) LANE GILPIN

(13) CHERYL GRANT BOARD MEMBER

(14) JIMMY GULLEDGE

(6) TRACI YOUNG COOPER, ED.D.

FINANCIAL OFFICER

VICE-PRESIDENT

PRESIDENT

TREASURER

SECRETARY

BOARD MEMBER

(15) ANNIE HAM

(16) WES HAYES

(17) HELEN HOLLAND

Form 990 (2022)

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2022.05000 ETV ENDOWMENT OF SOUTH CA 57065751

	WMENT OF	7 S	SOU	TH	CAF	ROI	JINA, INC.	57-06	<u>5575</u>	549	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	Highe	st C	ompensated Employee	s (continued)			
(A)	(B)			(C)			(D)	(E)		(F	F)
Name and title	Average	(do		Positi	iON ore than	one	Reportable	Reportable		Estim	nated
	hours per	box	, unles	ss pers	on is bot ector/trus	h an	compensation	compensatio	I		unt of
	week					siee)	- from	from related	I		ner
	(list any hours for	irecto					the	organization	I		nsation
	related	e or d	tee		sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)		from	ization
	organizations	ruste	l trus		mpen		1099-NEC)	1033-NEO)		•	elated
	below	In dividual trustee or director	Institutional trustee	- -	Key employee Highest compensated employee	er					zations
	line)	Indiv	In stit	Officer	Key e Highe	Former				-	
(18) MICHELLE LOGAN-OWENS	1.00										
BOARD MEMBER		Х					0.		0.		0.
(19) PATTI MCABEE-EISON	1.00										
BOARD MEMBER		Х					0.		0.		0.
(20) GAIL MORRISON	1.00										
BOARD MEMBER		Х					0.		0.		0.
(21) ROSE BUYCK NEWTON	1.00										
BOARD MEMBER		Х					0.		0.		0.
(22) PRESTON SABALIS	1.00										
BOARD MEMBER		Х					0.		0.		0.
(23) JAMES SIMMONS, MD	1.00										
BOARD MEMBER		Х					0.		0.		0.
(24) MACAULAY SMITH	1.00										
BOARD MEMBER		Х					0.		0.		0.
(25) JIM O. STUCKEY	1.00										-
BOARD MEMBER		Х					0.		0.		0.
(26) L. ANDREW WESTBROOK, III	1.00										-
BOARD MEMBER		Х					0.		0.		0.
1b Subtotal							372,748.	17,75		<u> </u>	682.
c Total from continuation sheets to Part V	II, Section A						0.		0.		0.
d Total (add lines 1b and 1c)							372,748.	17,75		,	682.
2 Total number of individuals (including but r	not limited to th	lose	liste	d abo	ove) wł	no re	eceived more than \$100,	000 of reportable	;		•
compensation from the organization											2
									ſ	Ye	es No
3 Did the organization list any former officer			-	•				•			v
line 1a? If "Yes," complete Schedule J for s										3	<u>X</u>
4 For any individual listed on line 1a, is the s											x
and related organizations greater than \$15	,		•							4 Σ	
5 Did any person listed on line 1a receive or	-				•		-			-	X
rendered to the organization? <i>If</i> "Yes," con Section B. Independent Contractors	nplete Schedul	e J f	or si	<u>ich pe</u>	erson					5	
1 Complete this table for your five highest co	managet ad inc	lono	ndor	at oor	tracto	ro th	ant reactived more than (100 000 of com		ion from	
the organization. Report compensation for	•	•						•	Jensal		
(A)	the calendar y	care		ig wit			(B)			(C)	
رج) Name and business	address						Description of s	ervices	C	ompensa	ation
ALLEGIANCE FUNDRAISING, I	LLC										
PO BOX 9132, FARGO, ND 58							DIRECT MAIL	SERVICES		512	503.
DESTINATION SOUTHWEST, IN		SA	N	мат	'EO	_	TOUR GUIDE/T			/	
BLVD NE SUITE 500, BOX 10	-						PLANNER			168.	540.
FOREST INCENTIVES, LTD		~ -		~		_	WHOLESALE GI	FT			
790 JACKSONVILLE ROAD, WA	ARMINSTE	R,	P.	A 1	897		DISTRIBUTOR			112,	223.
HELLOGREAT, LLC										,	
PO BOX 216, WHITE PLAINS	, NY 106	05					MARKETING			101,	539.
										/	
2 Total number of independent contractors (i	ncluding but n	ot lir	nited	d to th	nose lis	sted	above) who received me	ore than			
\$100,000 of compensation from the organi	•				4		·				
SEE PART VII, SECTION	A CONT	IN	UA	TIC	N S	HE	ETS			Form 99	0 (2022)

232008 12-13-22

Form 990 ETV ENDO	MENT OF	S	OU	TH	C	AR	OL	INA, INC.	57-065	7549
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(0)			ition		6.0	Reportable	Reportable	Estimated
	hours per	(CI	песк Г	(all 1	tnat	app I	iy)	compensation from	compensation from related	amount of other
	week					yee		the	organizations	compensation
	(list any	Individual trustee or director				Highest com pen sated em ployee		organization	(W-2/1099-MISC)	from the
	hours for	e or di	fee			sated		(W-2/1099-MISC)		organization and related
	related organizations	rustee	Institutional trustee		/ee	m pen :				organizations
	below	dual t	utiona	5	Key employee	est col	er			organizations
	line)	Indiv	Instit	Officer	Keye	High	Former			
(27) RACHEL B. CHAPMAN	1.00									
BOARD MEMBER - RETIRED		Х						0.	0.	0.
(28) PAUL DUANE	1.00									-
BOARD MEMBER - RETIRED		Х						0.	0.	0.
(29) JO WATSON HACKL	1.00									•
BOARD MEMBER - RETIRED	1 00	X						0.	0.	0.
(30) PETER TECKLENBURG	1.00	x						_	_	^
BOARD MEMBER - RETIRED (31) PAMELA WILLIAMS	1.00	A						0.	0.	0.
BOARD MEMBER - RETIRED	1.00	x						0.	0.	0.
		Δ								
		1								
		1								
		1								
		1								
						-				
		1								
		1								
Total to Part VII, Section A, line 1c										

232201 04-01-22

Check if Schedule O contains a response or note to any time in this Fart VII (P) Total revenue (P) Of Original Bareton Schedule D contains a response or note to any time in this Fart VII (P) (P) (P) (P) Original Bareton Schedule D contains a response or note to any time in this Fart VII (P) (P) <th <="" colspan="2" th="" th<=""><th></th><th></th><th>(2022) ETV ENDOWMENT</th><th>OF SOUTH</th><th>CAROLINA</th><th>, INC.</th><th>57-0657</th><th>549 Page 9</th></th>	<th></th> <th></th> <th>(2022) ETV ENDOWMENT</th> <th>OF SOUTH</th> <th>CAROLINA</th> <th>, INC.</th> <th>57-0657</th> <th>549 Page 9</th>				(2022) ETV ENDOWMENT	OF SOUTH	CAROLINA	, INC.	57-0657	549 Page 9
Total revenue (B) Total revenue (B) Petited or sevent function revenue (D) Unwated values refers values (12, 51 values refers values (12, 51 values refers) (D) Values refers values (12, 51 values values values (12, 51 values values values (12, 51 values values values (12, 51 values	Pa	τν		r noto to onv lino	in this Dart VIII					
Boy Membership das: Ib 7,574,221, 55,750,13 c Find a sing events anising events initial anouth to incide date: Ib 7,574,221, 13 c Generations initial anouth to incide date: Ib 2,512,204, 13 9,250,704,100,100,100,100,100,100,100,100,100,1			Check il Schedule O contains a response d	or note to any line	(A)	Related or exempt	Unrelated	Revenue excluded		
2 a UNDERWRITINO Builtness Code Addition Addition b c	tributions, Gifts, Grants Other Similar Amounts	k c c f	Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f	55,750. 89,542. 1,531,131.						
Description Diverse Code Description b c 516100 845,299 845,299 c c c c c c c c c c c c f All other program service revenue c c c c g Total. Add lines 2a:2' 845, 299. c c g Total. Add lines 2a:2' 845, 299. c c g Total. Add lines 2a:2' 845, 299. c c g Total. Add lines 2a:2' 845, 299. c c g Total. Add lines 2a:2' 845, 299. c c g Total. Add lines 2a:2' 92.9,72.2 329.72.2 329.72.2 g Reverse and sevenet bond proceeds c c c c g G Gras ment form set of total adia sevenet bond proceeds c c c g Gras ment form set of total adia sevenet bond proceeds c c c<	Con and	•			9,250,704.					
Best State State State State e Investment income (including dividends, interest, and other similar amounts) 929,723 929,723 f All other program service revenue 929,723 929,723 g Total. Add lines 2a 2f 845,299 929,723 g Total. Add lines 2a 2f 845,299 929,723 g Income from investment of tax exempt bond proceeds 929,723 929,723 g Royaties 10 929,723 929,723 g Royaties 10 10 929,723 g Royaties 10 1,367,521 1367521 g Royaties 10,367,521 1367521				Business Code						
g Total. Add lines 2a:21 845, 299. a Investment income (including dividends, interest, and other similar amounts) 929, 723. 929, 723. 4 Income from investment of tax exempt bond proceeds 9 9 929, 723. 5 Royatties 6 (i) Real (i) Personal 9 6 a Gross rents 6a (i) Securities (ii) Other 7 a Gross amount from sales of mastes other than inventory (ii) Securities (iii) Other 7 a Gross amount from sales of mastes other than inventory (ii) Securities (ii) Other 8 a Gross income from fundralsing events fo 1, 367, 521. 1367521 6 Gain or (loss) Tc 1, 367, 521. 1367521 9 Gross income from fundralsing events 24, 117. 24, 117 9 Gross income from gaming activities. 9a 9a 9a 9 Less: direct expenses (b) 449, 755. 24, 117. 24, 117 9 Gross income from gaming activities. 10a 10a 10a <td>ram Service Sevenue</td> <td>2 a k c</td> <td></td> <td>516100</td> <td>845,299.</td> <td>845,299.</td> <td></td> <td></td>	ram Service Sevenue	2 a k c		516100	845,299.	845,299.				
g Total. Add lines 2a-21 845, 299. a investment income (including dividends, interest, and other similar amounts) 929, 723. 929, 723. 4 income from investment of tax exempt bond proceeds 9 9 929, 723. 5 Reyatties 6 (i) Real (i) Personal 9 6 a Gross rents 6a (i) Securities (ii) Other 7 a Gross amount from sals of assets other than inventory (ii) Securities (iii) Other 7 a Gross income from fundralsing events 1, 367, 521. 1367521 6 g Toss income from fundralsing events 24, 117. 24, 117. 9 Gross income from fundralsing events 24, 117. 24, 117. 9 Gross income from fundralsing events 24, 117. 24, 117. 9 Gross income from gaming activities 9a 9a 9 Less: direct expenses 9a 9a 9a 9 Less: direct expenses 9a 9a 9a 9 Less: direct expenses 9a 9a	5 E	e								
3 Investment income (including dividends, interest, and other similar amounts) 929,723. 929,723. 4 Income from investment of tax exempt bond proceeds 929,723. 929,723. 6 Gross rents Ga Gross rents Ga 6 Gross rents Ga Go 929,723. 7 Gross rents Ga Go 929,723. 9 Personal 929,723. 929,723. 6 Gross rents Ga Gross rents Ga 6 Gross rents Ga Go 929,723. 7 Gross rents Ga Go 929,723. 9 Gross rents Ga Gross rents Ga 9 Gross mount from sales of assets other than inventory Ta 8,343,067. 1,367,521. 1367521 9 Gross income from fundraising events (not including \$ 55,750. of contributions reported on line 1c). See Part IV, line 18 Ga 449,755. 94 425,638. 9 Gross income from gaming activities 94 929,752. 94	₽				01E 000					
5 Royatties (i) Real (ii) Personal 6 a Gross rents 6a (i) Real (ii) Personal 6 b Less: rental expenses 6b (i) Cher c Rental income or (loss) 6c (ii) Other 7 a Gross amount from sales of assess other than inventory iii) 0 (iii) Other assets other than inventory Less: cost or other basis and sales expenses To (i) 6, 975, 546. (iii) Other a disate expenses To (i) 7, 1, 367, 521. 1, 367, 521. 1367521 8 a Gross income from fundraising events (not including \$		3	Investment income (including dividends, interes other similar amounts)	st, and				929,723.		
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c Net income or (loss) from fundraising events 24,117. 24,117. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a b Less: direct expenses 9b 9b 9b c Net income or (loss) from gaming activities 9a 9b 9b 10 a Gross sales of inventory, less returns and allowances 10a 10a 10a b Less: cost of goods sold 10b 0b 0b 0b c Net income or (loss) from sales of inventory 0a 0b 0b 0a f Image: Cost of goods sold 10b 0b 0b 0a 0b c All other revenue Image: Cost of goods sold 112,417,364. 845,299. 0. 2321361	Other		including \$ 55,750. of contributions reported on line 1c). See Part IV, line 18 8a	/						
9 a Gross income from gaming activities. See Part IV, line 19 9a 9b 9b b Less: direct expenses 9b 9b 9c c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b 10b 10c 10c c Net income or (loss) from sales of inventory 8usiness Code 10c 10c 11 a				· · · · ·	24,117.			24,117.		
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Business Code Image: Code			Less: cost of goods sold10b							
11 a	-	C	INEL INCOME OF (IOSS) FROM SAIES OF INVENTORY							
e Total. Add lines 11a-11d 12,417,364. 845,299. 0. 2321361 12 Total revenue. See instructions 12,417,364. 845,299. 0. 2321361	sno	11 a	, · · · · · · · · · · · · · · · · · · ·							
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e Total. Add lines 11a-11d 12,417,364. 845,299. 0. 2321361 12 Total revenue. See instructions 12,417,364. 845,299. 0. 2321361	sella eve	c								
e Total. Add lines 11a-11d 12,417,364. 845,299. 0. 2321361 12 Total revenue. See instructions 12,417,364. 845,299. 0. 2321361	Aisc	c	All other revenue							
	~	e								
232009 12-13-22 Form 990 (202					12,417,364.	845,299.	0.	2321361. Form 990 (2022)		

ETV ENDOWMENT OF SOUTH CAROLINA, INC. Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in t (A)	his Part IX (B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations	1 000 004	1 000 004		
	and domestic governments. See Part IV, line 21	1,078,324.	1,078,324.		
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	462,218.	23,111.	369,774.	69,333.
	trustees, and key employees	402,210.	23,111.	505,1140	0,555
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	510,213.	455,010.	55,203.	
	Pension plan accruals and contributions (include	510,213.		55,205.	
	section 401(k) and 403(b) employer contributions)	38,947.	19,149.	17,021.	2 777.
	Other employee benefits	88,106.	43,285.	38,750.	<u>2,777.</u> 6,071.
	Payroll taxes	68,039.	33,453.	29,735.	4,851.
	Fees for services (nonemployees):				1,0010
	Management				
	Legal				
	Accounting	23,713.	11,382.	12,331.	
	Lobbying	2077207			
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	40,000.		40,000.	
	Other. (If line 11g amount exceeds 10% of line 25,	,			
-	column (A), amount, list line 11g expenses on Sch 0.)	116,271.	94,265.	22,006.	
	Advertising and promotion	94,844.	84,817.		10,027.
	Office expenses	12,906.	6,195.	6,711.	
	Information technology	46,129.	22,142.	23,987.	
	Royalties		•	,	
	Occupancy	48,730.	23,390.	25,340.	
	Travel	20,906.	8,507.	9,215.	3,184.
18	Payments of travel or entertainment expenses				•
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	10,812.	4,277.	4,633.	1,902.
20	Interest	-	-	-	-
	Payments to affiliates				
	Depreciation, depletion, and amortization	28,829.	6,077.	22,752.	
23	Insurance	15,946.	7,654.	8,292.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	PROGRAM PRODUCTION	5,287,961.	5,287,961.		
	UNDERWRITING	845,299.	845,299.		
с	PRINTING & PUBLICATIONS	758,440.	145,000.		613,440.
	GIFTS FOR GIVING	234,222.	234,222.		
е	All other expenses	485,959.	207,943.	153,646.	124,370.
	Total functional expenses. Add lines 1 through 24e	10,316,814.	8,641,463.	839,396.	835,955.
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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232010 12-13-22

Form 990 (2022)

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ETV	ENDOWMENT	OF	SOUTH	CAROLINA,	INC.
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Dort		2022) ETV ENDOWMENT Balance Sheet	OF S	SOUTH CAROLINA	, INC.	57-	0657549 Page 11
Part 2	^	Check if Schedule O contains a response or not	o to on	line in this Dart V			
		Check if Schedule O contains a response of hot	e to any		(A)	<u> </u>	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			220,152.	1	3,880,863.
	2	Savings and temporary cash investments			1,178,418.	2	1,536,300.
	3	Pledges and grants receivable, net			49,415.	3	50,762.
		Accounts receivable, net			275,281.	4	125,193.
	5	Loans and other receivables from any current or					
	•	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali	•				
	-	under section 4958(f)(1)), and persons described				6	
w	7	Notes and loans receivable, net				7	
5		Inventories for sale or use				8	
As	9				128,407.	9	41,399.
1	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	283,357.			
	b	Less: accumulated depreciation	10b	<u>283,357</u> . 189,104.	89,957.	10c	94,253.
1	11	Investments - publicly traded securities			29,696,178.	11	28,793,588.
1	12	Investments - other securities. See Part IV, line 1				12	
1	13	Investments - program-related. See Part IV, line				13	
1	14	Intangible assets				14	
1	15	Other assets. See Part IV, line 11			210,201.	15	405,456.
1	16	Total assets. Add lines 1 through 15 (must equ	al line 3	3)	31,848,009.	16	34,927,814.
1	17	Accounts payable and accrued expenses	1,136,223.	17	1,999,648.		
1	18	Grants payable				18	
1	19	Deferred revenue			96,824.	19	65,236.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
se 2	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
liab		controlled entity or family member of any of thes				22	
2		Secured mortgages and notes payable to unrela		E C		23	
	24	Unsecured notes and loans payable to unrelated				24	
2	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines of Schedule D	-		513,211.	25	717 949
2	26	of Schedule D Total liabilities. Add lines 17 through 25			1,746,258.	25 26	717,949. 2,782,833.
	_0	Organizations that follow FASB ASC 958, che	ck here		_,,10,200.	20	_,,02,000.
es		and complete lines 27, 28, 32, and 33.					
	27				24,592,916.	27	26,355,306.
Bal 2	28				5,508,835.	28	5,789,675.
Pu		Organizations that do not follow FASB ASC 9					
Ъ		and complete lines 29 through 33.					
ັ 2	29	Capital stock or trust principal, or current funds				29	
Set:	30	Paid-in or capital surplus, or land, building, or ec		it fund		30	
Net Assets or Fund Balances と	31	Retained earnings, endowment, accumulated in	come, c	or other funds		31	
e et	32	Total net assets or fund balances			30,101,751.	32	32,144,981.
Z I S		Total liabilities and net assets/fund balances			31,848,009.	33	34,927,814.

Form 990 (2022)

Form	1990 (2022) ETV ENDOWMENT OF SOUTH CAROLINA, INC.	57-0	657549	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,417	
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,316	
3	Revenue less expenses. Subtract line 2 from line 1	3		,550.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,101	
5	Net unrealized gains (losses) on investments	5	-57	,320.
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	32,144	.,981.
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>		<u>X</u>
				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 on Schedule	÷O.		
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	l on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	

Form **990** (2022)

232012 12-13-22

SCHED (Form 99			plete if the organ	rity Status an ization is a section 501 I7(a)(1) nonexempt cha	(c)(3) orga	anization o			OMB No. 1545-0047
Department of Internal Reven		Go		tach to Form 990 or Fo Form990 for instruction			ormation.		Open to Public Inspection
Name of t	he organizati	ion							identification number
Part I	Dogcon	ETV E	NDOWMENT (OF SOUTH CARC)LINA,	INC.			7-0657549
							ee instruction	s.	
1 1				For lines 1 through 12, ch			V A V;)		
2				n of churches described Attach Schedule E (Form)(A)(I)•		
3				inization described in se		(h)(1)(A)(ii	i)		
4	•	•		junction with a hospital				(iii). Enter	the hospital's name.
•	city, and stat	-		,				(<i>)</i>	·····,
5	•		the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		(b)(1)(A)(iv). (Cor			•				
6				ental unit described in	section 17	'0(b)(1)(A)	(v).		
7 X	An organizati	ion that normally	receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in
	section 170((b)(1)(A)(vi). (Con	nplete Part II.)		-				
8	A community	/ trust described	in section 170(b)(1)(A)(vi). (Complete Part	II.)				
9	An agricultur	al research orgar	nization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	nction with a	land-grant	college
	or university	or a non-land-gra	ant college of agricu	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
	university:								
10	activities rela income and u See section	ted to its exemp unrelated busines 509(a)(2). (Comp	t functions, subject ss taxable income (plete Part III.)	than 33 1/3% of its supp t to certain exceptions; a (less section 511 tax) fro	ınd (2) no r m busines	more than ses acqui	33 1/3% of its red by the org	s support fi	om gross investment
11	-	-	-	vely to test for public saf	•				
12	-	-	-	vely for the benefit of, to	-			•	
				d in section 509(a)(1) o					neck the box on
a	7	-		upervised, or controlled I				-	nivina
u				gularly appoint or elect a	• • • •	-			
		u	mplete Part IV, Se		majonty o				pporting
b	7 7		-	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hay	ina
			-	anization vested in the sa			•		-
		0		Sections A and C.	•		·	, ii	
с 🗌] Type III fur	nctionally integr	ated. A supporting	g organization operated i	n connect	ion with, a	nd functional	ly integrate	d with,
	its support	ed organization(s	s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.		
d] Type III no	on-functionally in	ntegrated. A supp	orting organization opera	ated in cor	nnection w	rith its suppor	ted organiz	ation(s)
	that is not	functionally integ	grated. The organiz	ation generally must sati	sfy a distri	bution rec	uirement and	an attentiv	reness
	requiremer	nt (see instructior	ns). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
e	Check this	box if the organi	ization received a v	vritten determination fror	n the IRS t	that it is a	Туре I, Туре	I, Type III	
	-			nally integrated supportir	ng organiza	ation.			[]
		of supported org							
	vide the follow i) Name of supp		about the supported (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
,	organizatior			(described on lines 1-10	in your governi	ng document?	support (see in	-	support (see instructions)
	_			above (see instructions))	Yes	No		,	

Total

Schedule A (Form 990) 2022 ETV ENDOWMENT OF SOUTH CAROLINA INC 57-0657549 Page 2 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7096560.	8947510.	9319119.	9340995.	9700460.	44404644.
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	7096560.	8947510.	9319119.	9340995.	9700460.	44404644.
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.						44404644.
	tion B. Total Support						•
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	7096560.	8947510.	9319119.	9340995.	9700460.	44404644.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1035200.	633,985.	5539439.	575,521.	929,723.	8713868.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	855,757.	836,041.	644,912.	821,435.	845,299.	4003444.
11	Total support. Add lines 7 through 10						57121956.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	108,130.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop	phere					
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	<u>77.74 %</u>
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	77.34 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	$\ensuremath{ \text{stop} here.}$ The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2022

232022 12-09-22

			UTH CAROL		57-065	7549 Page 3						
Part III Support Schedule for C	Organizations I	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 Pa	art II. If the organiz	ation fails to						
qualify under the tests listed b	qualify under the tests listed below, please complete Part II.)											
Section A. Public Support												
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total						

Uaic	nual year (or nocal year beginning in)	(a) 2010	(b) 2019	(0) 2020	(u) 2021	(e) 2022	
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or 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						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons Amounts included on lines 2 and 3 received						-
L	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, ⁻	fourth, or fifth tax	year as a section 5	501(c)(3) organiza	tion,
_	check this box and stop here		-				
	ction C. Computation of Publi					1 1	
15	Public support percentage for 2022 (I		-	column (f))		15	%
<u>16</u>	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	<u>%</u>
198	33 1/3% support tests - 2022. If the	-					
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	-	•				and
	line 18 is not more than 33 1/3%, che	•			-		
20	Private foundation. If the organization						
	23 12-09-22			a, 51 100, 0100K ti			A (Form 990) 2022

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¹⁷ 2022.05000 ETV ENDOWMENT OF SOUTH CA 57065751

Schedule A (Form 990) 2022

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes." complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 ETV ENDOWMENT OF SOUTH CAROLINA, INC. 57-0657549 Page 5

1 4	continuea)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	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 have providing such hangest contribution out the numbers of the supported examination (a) that encoded		L

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supporting organization

Section C. Type II Supporting Organizations	

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)*

			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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ear (see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>Jul (0000 mod domono)</i>

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	_
---	--	---	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2

Yes No

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	edule A (Form 990) 2022 ETV ENDOWMENT OF SOUTH rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			57-0657549 Page 6
		<u> </u>		
1	Check here if the organization satisfied the Integral Part Test as a qualifyi		•	Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations musion A - Adjusted Net Income	st complete a	(A) Prior Year	(B) Current Year (optional)
	Net should be a with the second			(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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

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instructions).

ETV E	NDOWMENT	OF	SOUTH	CAROLINA,	INC.
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Par	't V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	ion D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	1		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

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Schedule A (Form 990) 2022

	. (Form 990) 2													57549	Page
Part VI	Supplem Part IV, Sec line 1; Part Section D, I (See instruc	tion A, I IV, Secti ines 5, 6	ines 1, 2 ion D, lin	, 3b, 3c, es 2 anc	4b, 4c, 5 13; Part I	5a, 6, 9a, V, Sectio	9b, 9c, n E, line	11a, 11b es 1c, 2a), and 1 , 2b, 3a,	1c; Part IV, and 3b; Pa	Section B, art V, line 1;	lines 1 a Part V,	and 2; Par Section B	t IV, Section (, line 1e; Part	C, V,
SCHEDU	ULE A, I	PART	II,	LINE	10,	EXPI	'ANA	TION	FOR	OTHER	INCOM	(E :			
UNDERW	RITING	INCO	OME												
2018 A	MOUNT:	\$	855,	757.											
2019 A	MOUNT:	\$	836,	041.											
2020 A	MOUNT:	\$	644,	912.											
2021 A	MOUNT:	\$	821,	435.											
2022 A	MOUNT:	\$	845,	299.											

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<u> </u>		Supplementa	al Financial	St	atements			L	OMB No. 1	545-0047
	HEDULE D m 990)	Complete if the orga							20	22
-	-	Part IV, line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11d,	1b, 11c, 11d, 11e, 11f, 12a, or 12b.					LU Open t	o Public
	tment of the Treasury al Revenue Service		Attach to Form 990. 90 for instructions and the latest information.					Inspection		
Nam	e of the organizat	ion ETV ENDOWMENT OF S					Employer identification number 57-0657549			
Pa	rt I Organiz	ations Maintaining Donor Advise				r Ac	coun			
	-	on answered "Yes" on Form 990, Part IV, lir								
			(a) Donor ad	vise	d funds	(b) Fund	ds and	other acco	unts
1	Total number at e	end of year								
2	Aggregate value	of contributions to (during year)								
3	Aggregate value of	of grants from (during year)								
4		at end of year								
5	-	ion inform all donors and donor advisors in	-							<u> </u>
~		on's property, subject to the organization's							Yes	No No
6	•	ion inform all grantees, donors, and donor a poses and not for the benefit of the donor c	•	•						
		vate benefit?							Yes	No
Pa	rt II Conserv	vation Easements. Complete if the or	ganization answered	"Yes	s" on Form 990. Pa	rt IV.	line 7.			
1		servation easements held by the organizati			,	,				
		n of land for public use (for example, recrea			Preservation of a	histo	rically i	importa	ant land are	a
	Protection	of natural habitat			Preservation of a					
	Preservatio	n of open space								
2	Complete lines 2a	a through 2d if the organization held a quali	fied conservation con	itribu	ution in the form of	a cor	nservat	ion eas	sement on t	he last
	day of the tax yea	ar.						Held a	t the End of t	he Tax Year
а	Total number of c	conservation easements					2a			
b	•						2b			
С		rvation easements on a certified historic str					2c			
d		rvation easements included in (c) acquired a	•							
~		listed in the National Register					2d			
3		rvation easements modified, transferred, re	leased, extinguished,	or te	erminated by the or	gani	zation d	during	the tax	
4	year	where property subject to conservation ea	comont is located							
5		ation have a written policy regarding the per	•	necti	ion handling of					
J	0	forcement of the conservation easements in	t holds?		, 0				Yes	No
6	,	er hours devoted to monitoring, inspecting,			d enforcing conser			ments	during the	
			-		-					
7	Amount of expension	ses incurred in monitoring, inspecting, hand	lling of violations, and	d enf	forcing conservatio	n eas	ement	s durin	g the year	
8		rvation easement reported on line 2(d) abov					(i)			<u> </u>
•	and section 170(h								Yes	└── No
9	,	ibe how the organization reports conservati								
		nd include, if applicable, the text of the footr counting for conservation easements.	iote to the organization	JIIS	mancial statement	เร เทอ	u desci	ives ti	ie.	
Pa		ations Maintaining Collections of	f Art, Historical 7	Frea	asures, or Othe	er S	imilar	Asse	ets.	
		if the organization answered "Yes" on Form			-					
1a		n elected, as permitted under FASB ASC 95		reve	enue statement and	bala	nce sh	eet wo	orks	
	•	reasures, or other similar assets held for pul	•							
		n Part XIII the text of the footnote to its final								
b	If the organizatior	n elected, as permitted under FASB ASC 95	8, to report in its reve	enue	statement and bal	ance	sheet	works	of	
	art, historical trea	sures, or other similar assets held for public	exhibition, education	n, or	research in further	ance	of pub	lic serv	vice,	
	provide the follow	ving amounts relating to these items:								

000054		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	le
	(ii) Assets included in Form 990, Part X	\$
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	provide the following amounts relating to these items:	

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20	0 F 0 0 0	

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Par	t III Organizations Maintaining C						(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that mak	e significant us	se of its			
	collection items (check all that apply):								
а	Public exhibition	d		hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co					e in Part i	XIII.		
5	During the year, did the organization solicit o					_	-		
D.	to be sold to raise funds rather than to be ma						Yes		No
Pai	t IV Escrow and Custodial Arrangereported an amount on Form 990, Par	gements. Comple rt X, line 21.	ete if the organizatio	n answered "Yes"	on Form 990,	Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII						_		
_	De sinsis e la la se						Amount		
	Beginning balance								
	Additions during the year								
	Distributions during the year								—
	Ending balance Did the organization include an amount on Fo						Yes		
			•						No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i								
		(a) Current year	(b) Prior year	(c) Two years bac		ars back	(e) Four	vears ba	ck
19	Beginning of year balance	22,055,583.	25,483,183.	., ,		5,897.	. ,	706,96	
	Contributions					,		,	
	Net investment earnings, gains, and losses	1,921,034.	-3,427,600.	5,486,730	6. 56	0,550.	1.	163,92	28.
	Grants or scholarships		, , .			,	/		
	Other expenditures for facilities								
Ũ	and programs							435,00	00.
f	Administrative expenses							,	
g	End of year balance	23,976,617.	22,055,583.	25,483,183	3. 19,99	6,447.	19,	435,89	7.
2	Provide the estimated percentage of the curr	· · · · · ·					· · · ·		
	Board designated or quasi-endowment	·	%	,,					
	Permanent endowment	%	—						
		%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	•	tion that are held ar	nd administered fo	r the				
	organization by:	Ũ					Г	Yes N	lo
	(i) Unrelated organizations						3a(i)		x
	(ii) Related organizations						3a(ii)	2	X
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	: X, line 10.				
	Description of property	(a) Cost or ot basis (investm	• •	or other (c (other)) Accumulated depreciation	t l	(d) Book	value	
1 a	Land		4	5,209.			45	5,209	۶.
	Buildings						-		
	Leasehold improvements			1,052.	1,05	2.		(Ο.
	Equipment			3,244.	165,34		27	,899	
	Other			3,852.	22,70			,145	
	. Add lines 1a through 1e. (Column (d) must e							,253	
				_			D (Form		

(~) D(SCRIPTION OF SECURITY OF CATEGORY (including name of security)	(b) Book value	 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end 	nd-of-vear market value
1) Ei~				a or your market value
	h - h - h - h			
2) Old 3) Oth				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	Col. (b) must aqual Form 000. Dart V. col. (D) line 12.)			
Part	Col. (b) must equal Form 990, Part X, col. (B) line 12.) VIII Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd of year market value
(4)	(a) Description of investment			
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part	IX Other Assets.			
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(4)	Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a)	Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line (X) Other Liabilities.	Description		
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Part	Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line (X) Other Liabilities. Complete if the organization answered "Yes"	Description		5.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (9) Total. (9) Total. (1)	Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line (Column (b) must equal Form 990, Part X, col. (B) line (Complete if the organization answered "Yes" (a) Description of liability	Description		
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (9) Fotal. (1)	Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes	Description		5.
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Part 1. (1) (2)	Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line (Column (b) must equal Form 990, Part X, col. (B) line (Complete if the organization answered "Yes" (a) Description of liability Federal income taxes DUE TO SOUTH CAROLINA EDUC	Description		5. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (9) Fotal. (1) (1) (2) (3)	Complete if the organization answered "Yes" (a) Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes DUE TO SOUTH CAROLINA EDUC COMMUNICATIONS, INC.	Description		5. (b) Book value 449,600
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Part (1) (1) (2) (3) (4)	Complete if the organization answered "Yes" (a) Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes DUE TO SOUTH CAROLINA EDUC COMMUNICATIONS, INC. RESTRICTED ACCRUED EXPENSI	Description		5. (b) Book value 449,600 57,230
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Part (1) (2) (3) (4) (5)	Complete if the organization answered "Yes" (a) Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes DUE TO SOUTH CAROLINA EDUC COMMUNICATIONS, INC.	Description		5. (b) Book value 449,600 57,230
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Part (1) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" (a) Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes DUE TO SOUTH CAROLINA EDUC COMMUNICATIONS, INC. RESTRICTED ACCRUED EXPENSI	Description		5. (b) Book value 449,600 57,230
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (7) (7) (3) (1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" (a) Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes DUE TO SOUTH CAROLINA EDUC COMMUNICATIONS, INC. RESTRICTED ACCRUED EXPENSI	Description		5. (b) Book value 449,600 57,230
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Part (1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" (a) Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes DUE TO SOUTH CAROLINA EDUC COMMUNICATIONS, INC. RESTRICTED ACCRUED EXPENSI	Description		5. (b) Book value 449,600 57,230
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (7) (7) (3) (1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" (a) Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability Federal income taxes DUE TO SOUTH CAROLINA EDUC COMMUNICATIONS, INC. RESTRICTED ACCRUED EXPENSI	Description		5.

ETV ENDOWMENT OF SOUTH CAROLINA, INC.

Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 ETV ENDOWMENT OF SOUTH CAR				0657549 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn.	
	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	13,263,412.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-57,320.		
b	Donated services and use of facilities	2b	517,730.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	460,410.
3	Subtract line 2e from line 1			3	12,803,002.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,000.		
b	Other (Describe in Part XIII.)	4b	-425,638.		
с	Add lines 4a and 4b			4c	-385,638.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	12,417,364.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Retur	n.
			• •		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1				1	11,220,182.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements				
2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a			
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	517,730.		
2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c			11,220,182.
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	517,730. 425,638.		<u>11,220,182.</u> 943,368.
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	517,730. 425,638.	1	11,220,182.
2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	517,730. 425,638.	1 2e	<u>11,220,182.</u> 943,368.
2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	517,730. 425,638.	1 2e	<u>11,220,182.</u> 943,368.
2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	517,730. 425,638.	1 2e	11,220,182. 943,368. 10,276,814.
2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	517,730. 425,638. 40,000.	1 2e	11,220,182. 943,368. 10,276,814. 40,000.
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	517,730. 425,638. 40,000.	1 2e 3	11,220,182. 943,368. 10,276,814.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE BOARD OF TRUSTEES OF THE ETV ENDOWMENT DESIGNATED A PORTION OF THE
UNRESTRICTED NET ASSETS IN 2003 FOR ENDOWMENT. ADDITIONAL FUNDS WERE
DESIGNATED FOR ENDOWMENT IN 2016. THE INTENT OF THE DESIGNATION IS TO
GROW THE FUNDS AT AN EARNINGS RATE GREATER THAN THE S&P 500 BUT WITH LESS
RISK. A BOARD-APPROVED INVESTMENT POLICY GOVERNS THESE BOARD-DESIGNATED
ASSETS. ANNUALLY, UP TO 5% OF THE PORTFOLIO'S MARKET VALUE (DETERMINED AS
THE AVERAGE OF THE LAST 12 CALENDAR QUARTERS' MARKET VALUES) CAN BE USED
FOR THE PURPOSES OF FULFILLING THE ENDOWMENT'S MISSION OF SUPPORTING THE
PROGRAMMING BROADCAST ON SCETV, SC PUBLIC RADIO AND OTHER PUBLIC MEDIA
STATIONS.

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Schedule D (Form 990) 2022 ETV ENDOWMENT OF SOUTH CAROLINA, INC. 57-0657549 Page 5 Part XIII Supplemental Information (continued) Continued) Continued Continued
PART X, LINE 2:
INCOME TAXES - THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME
TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY,
THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR
LIABILITY FOR FEDERAL AND STATE INCOME TAXES. THE ORGANIZATION DETERMINED
THAT THERE ARE NO MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF
JUNE 30, 2023 AND 2022.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
SPECIAL EVENTS -425,638.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENTS 425,638.
Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Inforr	natio	on Regar	ding	Fund	raisi	ng or Gaming A	ctivi	ties	OMB No. 154	5-0047
(Form 990)								eart IV, line 17, 18, o m 990-EZ, line 6a.	or 19, c	or if the	202	2
Department of the Treasury	Ū	ganzation		ch to Form							Open to Pu	
Internal Revenue Service		o www.irs.g	ov/Fo	rm990 for i	nstruc	tions	and th	ne latest information			Inspection	
Name of the organization	ETV END	OWMENT	OF	SOUTH	CAF		INA.	TNC		Employeri 57-065	dentification 7549	number
Part I Fundrais								n Form 990, Part IV, I				ot
required to	complete this part			J								
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 												
			•									
(i) Name and address of individual or entity (fundraiser)					(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity (v) Amount p. to (or retained fundraiser listed in col.		retained by undraiser		ined by)	
						Yes	No					
Total												
3 List all states in whi or licensing.							utions	or has been notified	it is e	xempt from	registration	

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

Schedule G (Form 990) 2022

232081 10-27-22

28 2022.05000 etv endowment of south ca 57065751

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gr			-	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					n	(add col. (a) through
			HAWAII TRIP (event type)	VIETNAM TRIP (event type)	(total number)	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	210,109.	167,923.	127,473.	505,505.
æ	•	Gross receipts	210,105.	107,523.	12//1/30	
	2	Less: Contributions	21,750.	17,000.	17,000.	55,750.
\downarrow	3	Gross income (line 1 minus line 2)	188,359.	150,923.	110,473.	449,755.
	4	Cash prizes				
	F	Noncoch prizes				
ŝ	5	Noncash prizes				
sus	6	Rent/facility costs				
ğX	Ŭ					
빙	7	Food and beverages				
Direct Expenses						
	8	Entertainment				
	9	Other direct expenses	174,292.	139,149.	112,197.	425,638.
	10	Direct expense summary. Add lines 4 through		425,638.		
	11	Net income summary. Subtract line 10 from I				24,117.
-a	rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or re	eported more than	
Т		\$13,000 011 F0111 990 EZ, ille 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
ž.						
۳ļ	1	Gross revenue				
	-					
ő	2	Cash prizes				
lse						
ğ	3	Noncash prizes				
ШU						
Direct Expenses	4	Rent/facility costs				
- I	-	Other direct evenes				
+	5	Other direct expenses	Yan 04			
			Yes%	Yes%	Yes%	
		Other direct expenses	│ Yes% │ No	│ Yes% │ No	Yes%	
		Volunteer labor	No	No	No	
	6		No		No	
	6	Volunteer labor	No	□ No	No	
	6 7 8	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	No No S in column (d)	No No	No	
	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No No from line 1, column (d)	No	No	
а	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throug <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu- he organization licensed to conduct gaming a	No N	No No	No	Yes No
а	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No N	No No	No	Yes No
а	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throug <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu- he organization licensed to conduct gaming a	No N	No No	No	Yes No
a b	6 7 Ent Is t If "I	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a No," explain:	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	No No	□ No	
a b Oa	6 7 8 Ent Is t If "I We	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a No," explain:	No No ' from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	No	
a b Da	6 7 8 Ent Is t If "I We	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a No," explain:	No No ' from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	No	
a b)a	6 7 8 Ent Is t If "I We	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a No," explain:	No No ' from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	No	

Sch	edule G (Form 990) 2022	ETV	ENDOWMENT	OF	SOUTH	CAROLINA,	INC. 57	-065754	9 Page 3
11	Does the organization conduct ga	aming act	tivities with nonmerr	bers?				🗌 Yes	s 🗌 No
12	Is the organization a grantor, ben								
	to administer charitable gaming?							Yes	s 🔄 No
	Indicate the percentage of gamin								
	The organization's facility								<u> %</u> %
	An outside facility Enter the name and address of th							. 13 b	%
14		ie person	who prepares the c	nyaniz	alion's gan	ing/special events	ooks and records.		
	Name								
	Address								
									<u> </u>
15a	Does the organization have a con	tract with	n a third party from	whom	the organiz	ation receives gami	ng revenue?	Yes	s 🛄 No
h	If "Yes," enter the amount of gam	ing rover	we received by the	oraani	- ation	\$	and the amount		
U.	of gaming revenue retained by the					φ			
с	If "Yes," enter name and address	-	-						
	Name								
	Address								
40									
16	Gaming manager information:								
	Name								
	Gaming manager compensation	\$							
	Description of services provided								
	Director/officer	□ En	nployee		Indenender	nt contractor			
			ipioyee		independer	il contractor			
17	Mandatory distributions:								
а	Is the organization required under	r state lav	w to make charitable	e distri	butions fror	n the gaming proce	eds to		
	retain the state gaming license?							Yes	s 🛄 No
b	Enter the amount of distributions	•			ributed to o	ther exempt organiz	zations or spent in the		
Da	organization's own exempt activit rt IV Supplemental Infor							Devel III. Para a d	
ιa	rt IV Supplemental Infor 15b, 15c, 16, and 17b, as							Part III, lines s	9, 90, 100,
	135, 136, 10, and 175, as	sapplica	ble. Also provide an	auun			0113.		
_									
00000	20. 10. 07. 00						0-4	edule G (Fori	m 000\ 0000
23208	33 10-27-22				30		301	caule a (FUII	m 990j 2022

Schedule G	a (Form 990) Supplemental Info	ETV	ENDOWMENT	OF	SOUTH	CAROLINA,	INC.	57-0657549	Page 4
Part IV	Supplemental Info	rmation	(continued)						
232084 04-01-								Schedule G (F	orm 990)

232084 04-01-22

SCHEDULE I (Form 990)		Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
	epartment of the Treasury Attach to Form 990.									
Internal Revenue S	Service		Go to www.irs	s.gov/Form990 for	the latest information	ation.		Inspection		
Name of the organization Employer identif ETV ENDOWMENT OF SOUTH CAROLINA, INC. 57 -										
Part I G	eneral Information on Grants a	nd Assistance								
criteria	criteria used to award the grants or assistance?									
	Frants and Other Assistance to I ecipient that received more than S	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any		
1 (a) Nam	ne and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
COMMUNICAT: KENNEDY STI	LINA EDUCATIONAL IONS, INC. – 401 E. REET, SUITE B-1 – G, SC 29302	57-0739523	501 (0) (2)	1,078,324.	0.			PROGRAM PRODUCTION		
	otal number of section 501(c)(3) and the section 501(c)(3) and the section sections of other organizations of the section sect						<u> </u>	<u> </u>		

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022 ETV ENDOWMENT OF SOUTH CAROLINA, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

SOUTH CAROLINA EDUCATIONAL COMMUNICATIONS, INC. IS RELATED TO THE ETV

ENDOWMENT OF SOUTH CAROLINA, INC. SHARED MANAGEMENT ENSURES THAT GRANT

FUNDS ARE MONITORED AND EXPENDED APPROPRIATELY AND THAT THE MISSIONS OF

BOTH ORGANIZATIONS ARE FULFILLED.

57-0657549

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	2022		
•	•	Compensated Employees		ZU	LL	
Deres		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization		Employer i	identificatio	on nur	nber
		ETV ENDOWMENT OF SOUTH CAROLINA, INC.	57-0	065754	9	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
		ation and gross-up payments	S			
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or				
_				1b		<u> </u>
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
~						
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the OFO (Fuendation Directory but eveloping a part III)	on to			
	· · ·	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
	X Form 990 of o		ommittoo			
			ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				X
		eive payment from an equity-based compensation arrangement?				x
•		ies 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	, <u>,</u> , , , , , , , , , , , , , , , , ,					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r	et earnings of:				
а	The organization?			6a		X
		ation?				X
	If "Yes" on line 6a o	or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ie			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				<u> </u>
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)	2022

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) COBY C. HENNECY, CPA, CFRE	(i)	204,278.	28,784.	0.	11,653.	11,400.	256,115.	0.
EXECUTIVE DIRECTOR	(ii)	10,885.	0.	0.	544.	0.	11,429.	0.
(2) LAUREN CHIVERS	(i)	121,914.	17,772.	0.	6,984.	8,758.	155,428.	0.
FINANCIAL OFFICER	(ii)	6,866.	0.	0.	343.	0.	7,209.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 ETV ENDOWMENT OF SOUTH CAROLINA, INC.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022



SCHEDUI	.е м
(Form 990))

Noncash Contributions

OMB No. 1545-0047

Open to Public

2

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

	Inspection							
Employer identification numbe								
5	7-0657549							

2

ETV ENDOWMENT OF SOUTH CAROLINA, INC.

Par	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu			
		applicable		Form 990, Part VIII, line 1g	noncash continbu	uon ame	Junis	j
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	Х	367	272,261.	FMV			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	749	60,061.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (<u>CRYPTOCURRENCY</u>)	X	5	524.	FMV			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29				
					1	'	/es	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ch isn't required to be used t	or			
	exempt purposes for the entire holding period?					30a	_	<u>X</u>
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p				ions?	31	X	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a	X	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

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Schedule M (Form 990) 2022

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

SCHEDULE M, LINE 32B:

ETV ENDOWMENT USES THE SERVICES OF CARS, INC. TO PROCESS DONATIONS OF

VEHICLES. THESE SERVICES INCLUDE VEHICLE PICK UP, SALE OF THE DONATED

VEHICLE, TITLE PROCESSING AND TRANSFER AND DONOR ACKNOWLEDGEMENT,

INCLUDING THE FILING OF FORM 1098-C. CARS, INC. DISTRIBUTES THE NET

PROCEEDS TO THE ENDOWMENT AFTER DEDUCTING EXPENSES AND FEES. THE NET

PROCEEDS ARE RECORDED AS MEMBERSHIP REVENUES AND ARE USED FOR THE

PURCHASE AND PRODUCTION OF PROGRAMS BROADCAST ON SCETV, SC PUBLIC RADIO

AND OTHER PUBLIC MEDIA STATIONS.

Schedule M (Form 990) 2022

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SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



57-0657549

ETV ENDOWMENT OF SOUTH CAROLINA, INC.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ETV AND SC PUBLIC RADIO, ALL OF WHICH EXTEND THE EDUCATIONAL OUTREACH

COMPONENT OF SCETV'S PROGRAMMING.

FORM 990, PART VI, SECTION A, LINE 1A:

EXECUTIVE COMMITTEE IS COMPOSED OF THE OFFICERS OF THE ORGANIZATION AND SUCH OTHER TRUSTEES OF THE ORGANIZATION AS MAY BE APPOINTED ANNUALLY BY THE PRESIDENT. THE EXECUTIVE COMMITTEE MAY EXERCISE THE POWERS OF THE BOARD OF TRUSTEES, BETWEEN MEETINGS OF THE BOARD, PROVIDED, HOWEVER, THE ACTIONS OF THE EXECUTIVE COMMITTEE ARE SUBMITTED TO THE BOARD FOR RATIFICATION AT ITS NEXT MEETING.

FORM 990, PART VI, SECTION B, LINE 11B: BY VOTE OF THE BOARD OF TRUSTEES, THE AUDIT COMMITTEE HAS BEEN DELEGATED

LINE-ITEM RESPONSIBILITY FOR THE REVIEW AND APPROVAL OF THE FORM 990. THE

APPROVED FORM 990 IS THEN DISTRIBUTED TO THE FULL BOARD FOR REVIEW AND

APPROVAL PRIOR TO FILING.

FORM 990, PART V, LINE 2A:

THE ETV ENDOWMENT EMPLOYS 12 FULL-TIME EMPLOYEES, ONE PART-TIME

EMPLOYEE AND UP TO EIGHT SUMMER INTERNS. FOR MORE THAN FOUR DECADES,

THE ETV ENDOWMENT INTERNSHIP PROGRAM HAS PROVIDED COLLEGE STUDENTS THE

OPPORTUNITY TO OBTAIN HANDS-ON EXPERIENCE IN PUBLIC BROADCASTING WITH

ETV AND SC PUBLIC RADIO EACH SUMMER. STUDENTS WORK TEN WEEKS IN A

PROFESSIONAL DEPARTMENT AT ETV OR SC PUBLIC RADIO.

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

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IN FY 2023, SEVEN INTERNSHIP POSITIONS WERE FUNDED BY THE ETV ENDOWMENT. SCETV, SC PUBLIC RADIO AND THE ENDOWMENT WORK TOGETHER TO PROVIDE EDUCATIONAL AND CAREER OPPORTUNITIES IN PUBLIC MEDIA. ETV IS SOUTH CAROLINA'S STATEWIDE NETWORK WITH 11 TELEVISION STATIONS, NINE RADIO STATIONS AND ONLINE SERVICES AVAILABLE TO ALL SC PUBLIC SCHOOL DISTRICTS, PRIVATE SCHOOLS, HOME SCHOOLS AND HIGHER EDUCATION INSTITUTIONS. ETV USES THE POWER OF TV, RADIO AND THE INTERNET TO ADVANCE EDUCATION, CULTURE AND CITIZENSHIP.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF TRUSTEES HAS APPROVED A CONFLICT OF INTEREST POLICY AND DISCLOSURE STATEMENT. ALL TRUSTEES AND EMPLOYEES MUST SIGN THE STATEMENT ANNUALLY, WHICH ARE MONITORED BY THE EXECUTIVE DIRECTOR. THE MINUTES OF THE BOARD MEETING REFLECT THIS ANNUAL DISCLOSURE AND REVIEW.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE OF THE BOARD MEETS AT LEAST ANNUALLY TO ESTABLISH AND APPROVE THE COMPENSATION OF THE EXECUTIVE DIRECTOR BASED ON SALARY SURVEYS, ORGANIZATIONAL GOALS AND BENCHMARKS. THE COMPENSATION COMMITTEE HAS APPROVED SALARY RANGES FOR EACH POSITION OF THE ORGANIZATION. THE COMPENSATION OF OFFICERS OTHER THAN THE EXECUTIVE DIRECTOR IS DETERMINED BY THE EXECUTIVE DIRECTOR WITHIN THE SALARY RANGES APPROVED BY THE COMMITTEE. SUCH COMPENSATION IS BASED ON REVIEW OF SALARY SURVEYS AND ORGANIZATIONAL GOALS AND BENCHMARKS.

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FORM 990, PART VI, SECTION C, LINE 18:

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Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization ETV ENDOWMENT OF SOUTH CAROLINA, INC.	Employer identification number 57-0657549
THE ORGANIZATION'S FORM 990 IS AVAILABLE UPON REQUEST. RECE	NT FILINGS OF
THE FORM 990 ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSI	TE AT

ETVENDOWMENT.ORG AS WELL AS ONLINE AT WWW.CANDID.ORG AND

WWW.CHARITYNAVIGATOR.ORG

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

THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY OF ETV ENDOWMENT OF

SOUTH CAROLINA, INC. ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 57 - 0657549

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

Name of the organization

ETV ENDOWMENT OF SOUTH CAROLINA, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
SC EDUCATIONAL COMMUNICATIONS, INC							
57-0739523, 401 E KENNEDY STREET SUITE B-1,							
SPARTANBURG, SC 29302	EDUCATION	SOUTH CAROLINA	501(C)(3)	LINE 12B, II	N/A		Х
	-						
	-						

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Schedule R (Form 990) 2022

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Gener mana partr	ral or F ging her?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	Yes No	
]											
	1											
	1											
	1											
	4											
				I								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)						Yes	No
									<u> </u>

Schedule R (Form 990) 2022 ETV ENDOWMENT OF SOUTH CAROLINA, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No		
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X		
	Gift, grant, or capital contribution to related organization(s)	1b	X	x		
	Gift, grant, or capital contribution from related organization(s)	1c		X		
	Loans or loan guarantees to or for related organization(s)	1d				
е	Loans or loan guarantees by related organization(s)	1e		X		
f	Dividends from related organization(s)	1f		X		
g	Sale of assets to related organization(s)	1g		X		
	Purchase of assets from related organization(s)	1h		Х		
	Exchange of assets with related organization(s)	1i		Х		
j Lease of facilities, equipment, or other assets to related organization(s)						
-						
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х		
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X			
	Sharing of paid employees with related organization(s)	10	X			
р	Reimbursement paid to related organization(s) for expenses	1p	Х			
	Reimbursement paid by related organization(s) for expenses	1q		Х		
r	Other transfer of cash or property to related organization(s)	1r		Х		
	Other transfer of cash or property from related organization(s)	1s		X		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SC EDUCATIONAL COMMUNICATIONS, INC.	В	1,078,324.	
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2022 ETV ENDOWMENT OF SOUTH CAROLINA, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(f Dispr tior alloca Yes	n) opor- iate iions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) r Percentage ownership

Schedule R (Form 990) 2022

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

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