

Internal Revenue Service

Department of the Treasury

District
Director

10 MetroTech Center
625 Fulton Street
Brooklyn, NY 11201

COPY 310

SEP 18 1997

Date:
Person to Contact:
Patricia Holub
Contact Telephone Number:
(718) 488-2333
EIN: 57-6026723

South Carolina Public
Health Association
2600 Bull Street
Columbia, SC 29201-1708

Dear Sir or Madam:

Reference is made to your request for verification of the tax exempt status of South Carolina Public Health Association.

A determination or ruling letter issued to an organization granting exemption under the Internal Revenue Code remains in effect until the tax exempt status has been terminated, revoked or modified.

Our records indicate that exemption was granted as shown below.

Sincerely yours,

(Patricia Holub)

Patricia Holub
Manager, Customer
Service Unit

Name of Organization: South Carolina Public Health Association

Date of Exemption Letter: August 1965

Exemption granted pursuant to section 501(c)(4) of the Internal Revenue Code.

Foundation Classification (if applicable): Not applicable.

User Fee for Exempt Organization Determination Letter Request

▶ Attach this form to determination letter application.
(Form 8718 is NOT a determination letter application.)

For IRS Use Only

Control number _____
Amount paid _____
User fee screener _____

1 Name of organization South Carolina Public Health Association, Inc. 2 Employer Identification Number 57: 6026723

Caution: Do not attach Form 8718 to an application for a pension plan determination letter. Use Form 8717 instead.

3 Type of request

Fee

- a Initial request for a determination letter for:
 - An exempt organization that has had annual gross receipts averaging not more than \$10,000 during the preceding 4 years, or
 - A new organization that anticipates gross receipts averaging not more than \$10,000 during its first 4 years ▶ **\$150**
- Note: If you checked box 3a, you must complete the Certification below.

Certification

I certify that the annual gross receipts of _____
name of organization
have averaged (or are expected to average) not more than \$10,000 during the preceding 4 (or the first 4) years of operation.

Signature ▶ _____ Title ▶ _____

- b Initial request for a determination letter for:
 - An exempt organization that has had annual gross receipts averaging more than \$10,000 during the preceding 4 years, or
 - A new organization that anticipates gross receipts averaging more than \$10,000 during its first 4 years . ▶ **\$465**
- c Group exemption letters ▶ **\$500**

Instructions

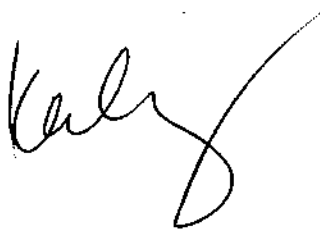
The law requires payment of a user fee with each application for a determination letter. The user fees are listed on line 3 above. For more information, see Rev. Proc. 97-8, 1997-1 I.R.B. 187.

Check the box on line 3 for the type of application you are submitting. If you check box 3a, you must complete and sign the certification statement that appears under line 3a.

Attach to Form 8718 a check or money order payable to the Internal Revenue Service for the full amount of the user fee. If you do not include the full amount, your application will be returned. Attach Form 8718 to your determination letter application.

Send the determination letter application and Form 8718 to:
Internal Revenue Service
P.O. Box 192
Covington, KY 41012-0192

If you are using express mail or a delivery service, send the application and Form 8718 to:
Internal Revenue Service
201 West Rivercenter Blvd.
Attn: Extracting Stop 312
Covington, KY 41011



Attach Check or Money Order Here



**Consent Fixing Period of Limitation Upon
Assessment of Tax Under Section 4940 of the
Internal Revenue Code**

(Rev. September 1998)

To be used with
Form 1023. Submit
in duplicate.

Department of the Treasury
Internal Revenue Service

(See instructions on reverse side.)

Under section 6501(c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1023 that the organization named below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an advance ruling period,

South Carolina Public Health Association, Inc.
(Exact legal name of organization as shown in organizing document)

1122 Lady Street, Suite 1115, Columbia, SC 29201
(Number, street, city or town, state, and ZIP code)

and the
District Director of
Internal Revenue, or
Assistant
Commissioner
(Employee Plans and
Exempt Organizations)

consent and agree that the period for assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

Ending date of first tax year
(Month, day, and year)

Name of organization (as shown in organizing document)	Date
<u>South Carolina Public Health Association, Inc.</u>	<u>January 8, 2002</u>
Officer or trustee having authority to sign	Type or print name and title
Signature ▶ <u>Lavell R. Thornton</u>	<u>Lavell R. Thornton, Preside.</u>
For IRS use only	
District Director or Assistant Commissioner (Employee Plans and Exempt Organizations)	Date

By ▶

**Application for Recognition of Exemption
 Under Section 501(c)(3) of the Internal Revenue Code**

Read the instructions for each Part carefully.
A User Fee must be attached to this application.
 If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to you.
Complete the Procedural Checklist on page 8 of the instructions.

Part I Identification of Applicant

1a Full name of organization (as shown in organizing document) <i>South Carolina Public Health Association, Inc.</i>		2 Employer identification number (EIN) (If none, see page 3 of the Specific Instructions.) <i>57-6026723</i>
1b c/o Name (if applicable)		3 Name and telephone number of person to be contacted if additional information is needed <i>Keely Fagen (803) 252-1087</i>
1c Address (number and street) <i>1122 Lady Street</i>	Room/Suite <i>1115</i>	
1d City, town, or post office, state, and ZIP + 4. If you have a foreign address, see Specific Instructions for Part I, page 3. <i>Columbia, SC 29201</i>		4 Month the annual accounting period ends <i>6</i>
1e Web site address <i>www.scpha.com</i>		5 Date incorporated or formed <i>7/5/78</i>
7 Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code? If "Yes," attach an explanation. <i>Currently exempt under 501(c)(4).</i>		6 Check here if applying under section: a <input type="checkbox"/> 501(e) b <input type="checkbox"/> 501(f) c <input type="checkbox"/> 501(k) d <input type="checkbox"/> 501(n)
8 Is the organization required to file Form 990 (or Form 990-EZ)? If "No," attach an explanation (see page 3 of the Specific Instructions).		<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9 Has the organization filed Federal income tax returns or exempt organization information returns? If "Yes," state the form numbers, years filed, and Internal Revenue office where filed. <i>Form 990 1979-present Atlanta, GA</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No

10 Check the box for the type of organization. ATTACH A CONFORMED COPY OF THE CORRESPONDING ORGANIZING DOCUMENTS TO THE APPLICATION BEFORE MAILING. (See Specific Instructions for Part I, Line 10, on page 3.) See also Pub. 557 for examples of organizational documents.)

- a Corporation—Attach a copy of the Articles of Incorporation (including amendments and restatements) showing approval by the appropriate state official; also include a copy of the bylaws.
- b Trust— Attach a copy of the Trust Indenture or Agreement, including all appropriate signatures and dates.
- c Association— Attach a copy of the Articles of Association, Constitution, or other creating document, with a declaration (see instructions) or other evidence the organization was formed by adoption of the document by more than one person; also include a copy of the bylaws.

If the organization is a corporation or an unincorporated association that has not yet adopted bylaws, check here

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please Sign Here *Lavell R. Thornton* (Signature) *Lavell R. Thornton, President* (Type or print name and title or authority of signer) *1-8-02* (Date)

Part II Activities and Operational Information

- 1 Provide a detailed narrative description of all the activities of the organization—past, present, and planned. Do not merely refer to or repeat the language in the organizational document. List each activity separately in the order of importance based on the relative time and other resources devoted to the activity. Indicate the percentage of time for each activity. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose and how each activity furthers your exempt purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

See attachment

- 2 What are or will be the organization's sources of financial support? List in order of size.

- 1) Membership dues
- 2) Contributions
- 3) Administration fees from small organizations

- 3 Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. Include details of fundraising activities such as selective mailings, formation of fundraising committees, use of volunteers or professional fundraisers, etc. Attach representative copies of solicitations for financial support.

- 1) Exhibitor sponsorships at Annual Meeting
- 2) Golf tournament
- 3) "Public Health" month
- 4) Annual Meeting fundraising

The State of South Carolina } CERTIFICATE OF INCORPORATION
BY THE SECRETARY OF STATE

14,108

EXECUTIVE DEPARTMENT

THE GOVERNING COUNCIL,

OFFICERS

Michael D. Jarrett

President
Route 1, Box 81
Little Mountain, S.C. 29075

William M. McCreight

President-Elect
6117 Galliscreek Road
Columbia, S.C. 29206

R. Eugene Powell

Vice-President
Colonial Drive
Greenwood, S.C. 29646

Ella R. Cromer

Secretary
P.O. Box 3415
Columbia, S.C. 29230

Bob N. Gunter

Treasurer
124 Middlebrook Drive
Lexington, S.C. 29072

Sarah J. Robinson

Immediate Past President
2600 Bull Street
Columbia, S.C. 29201

Section Chairpersons

Julia Davis

2600 Bull Street
Columbia, S.C. 29201

David B. McCallum

2600 Bull Street
Columbia, S.C. 29201

Phillip "Mac" Cooper

2600 Bull Street
Columbia, S.C. 29201

Nell Vincent

2600 Bull Street
Columbia, S.C. 29201

Sue Hawkins

2600 Bull Street
Columbia, S.C. 29201

Carl R. McIntosh

P.O. Box 8248, Station H
Greenville, S.C. 29605

Helen G. Wolford, R.N.

School of Nursing
USC
Columbia, S.C. 29208

Four Elected Members
At Large

William C. Harrett, M.D.

Box 81
Highlands, N.C. 28741

Marshall W. Plyler

2600 Bull Street
Columbia, S.C. 29201

Virginia L. Holley

Lower Savannah
Box 2319
Aiken, S.C. 29801

Horace Whitener

2600 Bull Street
Columbia, S.C. 29201

Upon dissolution, any funds or other assets will be contributed to a charitable organization exempt organization having the same or similar objectives and subject to the provisions as described in Sections 501 (c)(3) and 170 (c)(2) of the Internal Revenue Code of 1954 or the corresponding provisions of any future Internal Revenue Code.

FIFTH: The names and residences of all Managers, Trustees, Directors or other officers are as follows:

SIXTH: That they desire to be incorporated: In perpetuity.

Now, THEREFORE, I, O. FRANK THORNTON, Secretary of State, by virtue of the authority in me vested, by Chapter 13, Title 12, Code of 1962, and Acts amendatory thereto, do hereby declare the said organization to be a body politic and corporate, with all the rights, powers, privileges and immunities, and subject to all the limitations and liabilities, conferred by said Chapter 13, Title 12, Code of 1962, and Acts amendatory thereto.

GIVEN under my hand and the seal of the State, at Columbia,
this 5th day of July
in the year of our Lord one thousand nine hundred and
70 and in ^{TWO} ~~XXX~~ two hundred and
third year of the Independence of the
United States of America.

O. FRANK THORNTON,
Secretary of State.

The State of South Carolina

CERTIFICATE OF INCORPORATION
BY THE SECRETARY OF STATE

EXECUTIVE DEPARTMENT

WITNESSES: Elie R. Cromer, P. O. Box 2015, Columbia, S. C.
Joyce H. Grimes, P. O. Box 25, Ballentine, S. C.
Michael D. Jarrett, Rt. 1, Box 81, Little Mountain, S. C.

two or more of the officers or agents appointed to supervise or manage the affairs of

SOUTH CAROLINA PUBLIC HEALTH ASSOCIATION, INC.

which has been duly and regularly organized, did on the 5th day of July, A. D. 1970, file with Secretary of State a written declaration setting forth:

That at a meeting of the aforesaid organization held pursuant to the by-laws or regulations of the said organization, they were authorized and directed to apply for incorporation.

That, the said organization holds, or desires to hold property in common for Religious, Educational, Social, Fraternal, Charitable or other eleemosynary purpose, or any two or more of said purposes, and is not organized for the purpose of profit or gain to the members, otherwise than is above stated, nor for the insurance of life, health, accident or property; and that three days' notice in the Columbia Record, a newspaper published in the County of Richland, has been given that the aforesaid Declaration would be filed.

And Whereas, Said Declarants and Petitioners further declared and affirmed:

FIRST: Their names and residences are as above given.
SECOND: The name of the proposed Corporation is SOUTH CAROLINA PUBLIC HEALTH ASSOCIATION, INC.

THIRD: The place at which it proposes to have its headquarters or be located is Sums-Aycock Building, 26th Dull St., Columbia, S. C.

FOURTH: The purpose of the said proposed Corporation is to protect and promote personal, community and environmental health and to exercise leadership in health policy development and action. Upon dissolution, any funds or other assets will be contributed to a similar non-profit tax exempt organization having the same or similar objectives and subject to the provisions as described in Sections 501 (c)(3) and 170 (c)(2) of the Internal Revenue Code of 1954 or the corresponding provisions of any future Internal Revenue Code.

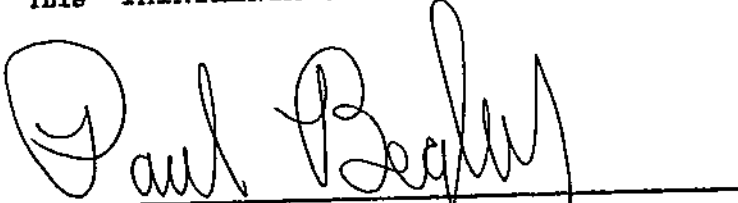
FIFTH: The names and residences of all Managers, Trustees, Directors or other officers are as follows:

STATE OF SOUTH CAROLINA
RICHLAND COUNTY

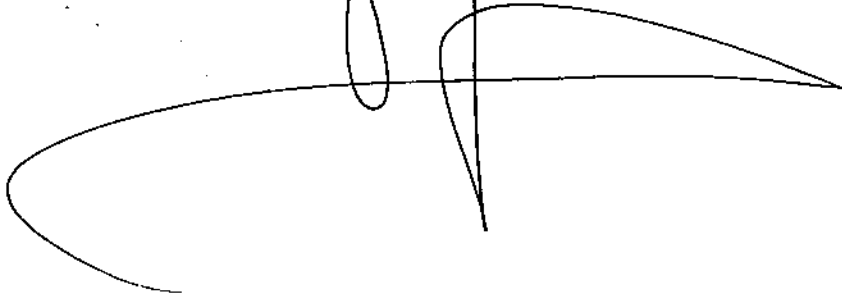
THIS IS TO CERTIFY THAT This and/or the attached is
a true and accurate copy of the Certificate of Incorporation of
SOUTH CAROLINA PUBLIC HEALTH ASSOCIATION, INC.,

recorded in records of the Secretary of State, Corporations
Division, Eleemosynary File No. 14108,
now on deposit with South Carolina Department of
Archives and History

GIVEN UNDER MY HAND AND THE SEAL OF THE DEPARTMENT
This THIRTEENTH JULY 2001.



Paul R. Begley
Access Services



REPRODUCED FROM DOCUMENTS IN
SOUTH CAROLINA DEPARTMENT OF ARCHIVES AND
COLUMBIA, S. C.

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM THE ORIGINAL FILED WITH THE
SECRETARY OF STATE IN THIS OFFICE

DEC 17 2001

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

NONPROFIT CORPORATION
ARTICLES OF AMENDMENT

Jim Miles
SECRETARY OF STATE
FILED
DEC 17 2001
AM PM
7 8 9 10 11 12 1 2 3 4 5 6

[Signature]
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY WITH BLACK INK

Pursuant to the provisions of Section 33-31-1005 of the 1976 South Carolina Code of Laws, as amended, the applicant delivers to the Secretary of State these articles of amendment. *SOUTH CAROLINA*

1. The name of the nonprofit corporation is *SC Public Health Association*

2. Date incorporated *July 5, 1978*

3. Specify (a) the text of every amendment adopted, and (b) list when each amendment was adopted.
a - Please see attached
b - November 26, 2001

4. By checking this paragraph #4 the applicant represents that (a) approval of the amendment by the members was not required, (b) the amendment was approved by a sufficient vote of the board or directors or the incorporators. (Do not check this paragraph #4 if member vote was required or if the required vote of directors or incorporators was not obtained.)

5. If the approval of the members was required to adopt the amendment(s), provide the following information:

(a) Designation (Classes of Membership)

(b) Number of memberships outstanding

(c) Number of votes entitled to be cast by each class entitled to vote separately on the amendment

(d) Number of votes of each class indisputably voting on the amendment

(e) Complete one of the following as appropriate
(i) Total number of votes cast for and against the amendment by each class entitled to vote separately _____

(ii) Total number of undisputed votes cast for the amendment by each class which was sufficient for approval for that class _____

SC Public Health Association
Name of Corporation

- 6. By checking this paragraph #6 the applicant represents that approval of the amendment by some person or persons other than the members, the board, or the incorporators is required pursuant to Section 33-31-1030 of the 1976 South Carolina Code of Laws, as amended, and that the approval was obtained. (Do not mark paragraph #6 if either of these statements is not true.)
- 7. If the amendment provides for an exchange, reclassification, or cancellation of memberships, provisions for implementing the amendment must be set forth here if provisions are not contained in the amendment itself _____

- 8. If this corporation is converting from either a public benefit or religious corporation into a mutual benefit corporation, mark this paragraph #8 which certifies that a notice, including a copy of the proposed amendment, was delivered to the South Carolina Attorney General at least twenty days before the consummation of the amendment.

Date 12-13-01

SC Public Health Association
Name of Corporation
Keely S. Fugen
Signature of Officer
Keely S. Fugen, Executive Director
Type or Print Name and Office

FILING INSTRUCTIONS

- 1. Two copies of this form, the original and either a duplicate original or a conformed copy, must be filed.
- 2. If the space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of space on the form.
- 3. This form must be accompanied by the filing fee of \$10.00 payable to the Secretary of State.

Return to: Secretary of State
P.O. Box 11350
Columbia, SC 29211

South Carolina Public Health Association
November 27, 2001

Amendment to Articles of Incorporation in reference to paragraph 3.

- a.) Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.
- b.) No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the organization shall be the carrying on of propoganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or corresponding section of any future federal tax code.
- c.) Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

SCPHA Membership Application Form

South Carolina Public Health Association Membership Form

Name _____

Address _____
Street/Route Apt. Number City State Zip County

Employer _____ Title _____

Business Address _____
Street/Route City State Zip County

Telephone: _____ Fax _____ E-Mail _____

****Please send all correspondence to:** _____ Home address _____ Business Address

Section Affiliation (Check Only One)

- | | | |
|---|--|--|
| <input type="checkbox"/> 01. Alcohol, Tobacco & Other Drugs | <input type="checkbox"/> 05. Health Education | <input type="checkbox"/> 08. Nutrition |
| <input type="checkbox"/> 02. Disease Control | <input type="checkbox"/> 06. Health & Human Services | <input type="checkbox"/> 09. Public Health Nursing |
| <input type="checkbox"/> 03. Environmental Health | <input type="checkbox"/> 07. Management Support | <input type="checkbox"/> 10. Social Work |
| <input type="checkbox"/> 04. Health Administration | | |

Are you willing to serve on a committee? Yes No

If "Yes", circle preference :	No Preference
Awards	Program
Continuing Education	Public Information
Constitution & ByLaws	Resolutions
Entertainment	Exhibits
Finance	Legislative
Futures Planning	Marshals & Pages
Issues & Answers	Properties
Membership	Registration
Nominations	Scholarship

Demographic Information (For Statistical Purposes Only)

Age	Race/Ethnic Group
<input type="checkbox"/> 24 yrs. & Under	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> 25-29 yrs	<input type="checkbox"/> African American
<input type="checkbox"/> 30-34 yrs.	<input type="checkbox"/> Native American
<input type="checkbox"/> 35-39 yrs.	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> 40-44 yrs.	<input type="checkbox"/> Caucasian
<input type="checkbox"/> 45-49 yrs.	<input type="checkbox"/> Other _____
<input type="checkbox"/> 50-54 yrs.	<i>specify please</i>
<input type="checkbox"/> 55-59 yrs.	
<input type="checkbox"/> 60 yrs +	
Sex	
<input type="checkbox"/> Male <input type="checkbox"/> Female	

Dues Schedule

Membership is for one full year from the date of your application.
 Membership renewal payments are due on the member's annual anniversary date.

Regular Member	New	<input type="checkbox"/> \$ 24.00
	Renewal	<input type="checkbox"/> \$ 24.00
Student Member <small>(Part Time Students Must Pay Regular Member Dues)</small>	Full Time	<input type="checkbox"/> \$ 12.00
	Part Time	<input type="checkbox"/> \$ 24.00
Retired Member	New	<input type="checkbox"/> \$ 12.00
	Renewal	<input type="checkbox"/> \$ 12.00
Organizational/ Corporate Member	Eleemosynary	<input type="checkbox"/> \$ 50.00
	Governmental	<input type="checkbox"/> \$ 50.00
	Other	<input type="checkbox"/> \$100.00

Please mail your completed application along with your check to:

SC Public Health Association
 P. O. Box 1763
 Columbia, SC 29202

(803) 252-1087
 FAX: (803) 252-0589
 Email: scpha@capconsc.com
www.scpha.com

(For Office Use Only)

Membership Number _____

Check Number _____

Check Date _____

Amount Paid \$ _____

Membership Year _____

Referred By: _____

#1. Public health is defined by the Institute for the Future in its *Forecast of Health and Health Care in America* for the Robert Wood Johnson Foundation as activities that society does collectively to assure conditions in which people can be healthy. This includes organized community efforts to prevent, identify, preempt, and counter threats to the public health.

In its Health Care Ten-Year Forecast, the Institute further argues: The existing public health infrastructure must be reexamined, supported, and expanded, the present public health workforce must be augmented, and a new face must be put on "public health" as it is presently perceived by the American public. Basically, an expanded view of health combines the biomedical orientation of traditional medicine with fundamental precepts of public health as it is taught in our colleges and universities and as it has been practiced in our public health services for more than a century.

In its publication *For a Healthy Nation: Returns on Investment in Public Health* by the U.S. Department of Health and Human Services, Public Health Service, public health functions are set out as follows: prevents epidemics; protects the environment, workplaces, housing, food, and water; promotes healthy behaviors; monitors the health status of the population; mobilizes community action; responds to disasters; assures the quality, accessibility, and accountability of medical care; reaches out to link high-risk and hard-to-reach people to needed services; researches to develop new insights and innovative solutions; and leads the development of sound health policy and planning.

For example, recent concerns have been raised in the United States regarding bioterrorist viruses and bacteria used against the public. Because the use of a bioterrorist virus or bacterium could have serious results, federal and state governments and other organizations have joined forces to strengthen the public health infrastructure. Rapid communication, diagnosis of viruses and bacteria, training, planning in the community and with hospitals are public health functions that require preparedness and response activities. This requires the expertise and coordination of primary care practitioners, infection control practitioners, infectious disease specialists, and others to conduct an epidemiological investigation.

The South Carolina Public Health Association is a voluntary membership organization devoted to the enhancement of the public health and welfare of the citizens of South Carolina. It conducts its activities through the volunteer efforts of its members. The organization conducts four primary activities:

1. Public education and awareness on issues effecting public health. (40%)

(A) a detailed description of the activity including its purpose and how the activity furthers your exempt purpose:

Topics include alcohol and drug abuse prevention, optimal diet and nutrition for healthier living, bioterrorism preparedness and response, AIDS/HIV prevention, smoking cessation, promotion of safe driving habits and injury prevention, as well as others. This function is conducted in two main ways: (1) directly, through events such as Public Health Month and the annual educational conference; and (2) indirectly, through partnerships with national, regional, state and private

health agencies.

(B) when the activity was or will be initiated:

Planning for Public Health Month events is ongoing. However, Public Health Month is actually celebrated in April each year. Through activities such as workshops, open houses, health fairs, exhibits, etc., the SCPHA promotes healthy lifestyle choices and environmental awareness to the general public and others.

Similarly, the annual educational conference requires program-planning activities throughout the year. The three-day conference is usually held in May and attracts members of SCPHA and partner agencies and organizations to participate in educational workshops and discussions. The program agenda usually relates to topics of interest to a variety of public health professionals. An awards program spotlights those professionals who have achieved a high level of proficiency in public health.

SCPHA is especially interested in developing partnerships with individuals and organizations that share the same public health vision. The health of a community is a shared responsibility. This partnership development is crucial if public health is to be successful in promoting healthier lifestyles, enhanced physical and mental health, environmental awareness and conservation. A wide range of entities, such as governmental; private; nonprofit organizations; and faith communities, have an effect on and a stake in a community's health.

(C) where and by whom the activity will be conducted:

SCPHA activities are conducted around the state of South Carolina. Also, in partnership with the Southern Health Association and the American Health Association, the influence of SCPHA can be observed both regionally and nationally. Individual members of SCPHA are mainly responsible for conducting the educational campaigns, workshops and conferences with the support of county and state agencies.

2. Training and awareness seminars for public health professionals. This activity is carried out by Association members and other experts and is primarily conducted at the annual educational conference and mid-year workshop. (30%)

(A) a detailed description of the activity including its purpose and how the activity furthers your exempt purpose:

The three-day annual educational conference provides an opportunity for members and others to learn about aspects of public health which may or may not be part of their regular work responsibilities. A major focus of the conference is to provide training and awareness in all aspects of public health. A typical agenda includes a mixture of general sessions and smaller, more specialized, concurrent sessions. Also, the program usually includes an opportunity to highlight current research papers, recognize recipients of public health awards, informally discuss

relevant job concerns, and network with public health workers.

The Mid-Year workshop is usually a one-day workshop with a more focused agenda. The topics covered center around one central issue, such as public health advocacy, bioterrorism, providing quality customer service, etc.

(B) when the activity was or will be initiated:

The annual educational conference is usually held in May. The mid-year workshop is usually held in January or February.

(C) where and by whom the activity will be conducted:

Again, members of SCPHA plan the activities and in many cases, actually conduct the training and education. Outside experts and community leaders are invited to speak on selected topics.

3. **Public health policy advocacy - policy statements are developed through committees and approved by the membership. Policy statements are disseminated to legislators and state policy makers. (20%)**

(A) a detailed description of the activity including its purpose and how the activity furthers your exempt purpose:

Recently, the Association has drafted two resolutions focusing on terrorism and eliminating racial and ethnic disparities. This has been a joint effort of the Legislative and Resolution Committees. One of the top priority issues for the Association is policy advocacy. The SCPHA will identify priority public health issues and advocate for change.

(B) when the activity was or will be initiated:

Resolutions will be presented to the Governing Council of the Association for approval within two months prior to taking proper steps to present to the Legislature.

(C) where and by whom the activity will be conducted:

The SCPHA Governing Council, Legislative Committee and Resolutions Committee will oversee the development and implementation of resolutions.

4. **Scholarships pursuant to organization guidelines, scholarships are given to deserving students pursuing degrees in public health and related fields. (5%)**

(A) a detailed description of the activity including its purpose and how the activity furthers your exempt purpose: Two scholarships have been established by the SCPHA. The Public Health Scholarship is given to a student at the University of South Carolina School of Public Health. Applicants must have at least six hours of study remaining before graduation and maintain an

academic performance of 3.5 GPA or better.

Applicants must also exhibit significant commitment to the public health profession through volunteer and professional activity, such as involvement in community health activities and participation in professional and/or student organizations.

The Malcolm U. Dantzler Scholarship is given to a student enrolled in a course of study leading to a degree in a health-related field. Applicants must have at least six hours of study remaining before graduation and maintain an academic performance of 3.5 GPA or better. Applicants must also exhibit significant commitment to the public health profession through volunteer and professional activity, such as involvement in community health activities and participation in professional and/or student organizations.

(B) when the activity was or will be initiated:

These scholarships have been granted to students for more than 20 years.

(C) where and by whom the activity will be conducted:

A selection committee reviews the applications and makes the selections. Scholarship winners are notified in the spring and invited to the annual educational conference to receive the check.

All of these activities are designed to preserve, enhance and promote the core public health functions necessary to protect and improve the health of South Carolinians, as well as to provide a foundation for disease prevention strategies and injury prevention. It is no longer enough to focus simply on clean water and food safety. While important functions, other issues like infant mortality, teen pregnancy, and high-risk behavior must be vigorously debated because the tremendous impact to the state and the nation. As most health issues are of multiple (rather than single) causality, a comprehensive effort using multiple interventions is required.

The Association is committed to meeting these challenges by collaboration, research, training, and community organization. Community organization is a planned process of purposely stimulating conditions for change and mobilizing citizens and communities for action. It will act as a catalyst to stimulate activity in South Carolina to protect the health of the citizens and the health of our environment, natural habitats, and our coastal resources.

Part II Activities and Operational Information (Continued)

4 Give the following information about the organization's governing body:

a Names, addresses, and titles of officers, directors, trustees, etc.

See attachment

b Annual compensation

0

c Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials? Yes No
If "Yes," name those persons and explain the basis of their selection or appointment.

d Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons"? (See Specific Instructions for Part II, Line 4d, on page 3.) Yes No
If "Yes," explain.

5 Does the organization control or is it controlled by any other organization? Yes No
Is the organization the outgrowth of (or successor to) another organization, or does it have a special relationship with another organization by reason of interlocking directorates or other factors? Yes No
If either of these questions is answered "Yes," explain.

6 Does or will the organization directly or indirectly engage in any of the following transactions with any political organization or other exempt organization (other than a 501(c)(3) organization): (a) grants; (b) purchases or sales of assets; (c) rental of facilities or equipment; (d) loans or loan guarantees; (e) reimbursement arrangements; (f) performance of services, membership, or fundraising solicitations; or (g) sharing of facilities, equipment, mailing lists or other assets, or paid employees? Yes No
If "Yes," explain fully and identify the other organizations involved.

2 scholarships of \$1000 each

1 scholarship of \$500

Awarded annually

7 Is the organization financially accountable to any other organization? Yes No
If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.

Part II Activities and Operational Information (Continued)

8 What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken. If none, indicate "N/A."

N/A

9 Will the organization be the beneficiary of tax-exempt bond financing within the next 2 years? Yes No

10a Will any of the organization's facilities or operations be managed by another organization or individual under a contractual agreement? Yes No

b Is the organization a party to any leases? Yes No

If either of these questions is answered "Yes," attach a copy of the contracts and explain the relationship between the applicant and the other parties.

11 Is the organization a membership organization? Yes No

If "Yes," complete the following:

a Describe the organization's membership requirements and attach a schedule of membership fees and dues.

Any person who pays the membership dues may become a member.

b Describe the organization's present and proposed efforts to attract members and attach a copy of any descriptive literature or promotional material used for this purpose.

Primarily word of mouth. Recruitment is done during events such as Public Health month.

c What benefits do (or will) the members receive in exchange for their payment of dues?

Newsletter, educational opportunities, networking with other public health professionals, forum to provide input on public health policy.

12a If the organization provides benefits, services, or products, are the recipients required, or will they be required, to pay for them? N/A Yes No

If "Yes," explain how the charges are determined and attach a copy of the current fee schedule.

b Does or will the organization limit its benefits, services, or products to specific individuals or classes of individuals? N/A Yes No

If "Yes," explain how the recipients or beneficiaries are or will be selected.

13 Does or will the organization attempt to influence legislation? Yes No

If "Yes," explain. Also, give an estimate of the percentage of the organization's time and funds that it devotes or plans to devote to this activity.

14 Does or will the organization intervene in any way in political campaigns, including the publication or distribution of statements? Yes No

If "Yes," explain fully.

**SC Public Health Association
2001-2002 Governing Council**

Name / Address	Phone / Fax / Email
Lavelle R. Thornton President (02) SC DHEC Office of Public Health Ed. 1751 Calhoun Street Columbia, SC 29211	Phone (803) 898-0811 Fax (803) 898-0557 Email thornlr@columb60.dhec.state.sc.us
Cheryl Azouri Long Vice President (02) AXIS I Center 1644 Jackson St. Barnwell, SC 29812	Phone (803) 541-1245 Fax (803) 541-1247 Email clong@axis1.org
Jan Cooke President-Elect (02) SC DHEC Health Services Box 101106 Columbia, SC 29211	Phone (803) 898-0530 Fax (803) 898-0501 Email cookejan@columb60.dhec.state.sc.us
Linda Danielsen Immediate Past President (02) SC DHHS PO Box 8206 Columbia, SC 29202-8206	Phone (803) 898-2853 Fax (803) 898-4513 Email danielse@dhhs.state.sc.us
Garrett Gardner Secretary (02) SC DHEC Vital Records P.O. Box 2507 Greenville, SC 29602	Phone (864) 282-4254 Fax (864) 282-4370 Email gardnegd@grvll61.dhec.state.sc.us
Patrick A. Kell Treasurer (02) SC DHEC REST Box 101106 Columbia, SC 29211	Phone (803) 898-0536 Fax (803) 898-0501 Email kellpa@columb60.dhec.state.sc.us
Donna Culbreath Member at Large (02) SC DHEC Office of the Commissioner 2600 Bull St. Columbia, SC 29201	Phone (803) 898-3300 Email culbredd@columb20.dhec.state.sc.us
Yolanda B. Kennedy Member at Large (02) SC DHEC – WIC PO Box 101106 Columbia, SC 29211	Phone (803) 898-0340 Fax (803) 898-0383 Email kennedyb@columb60.dhec.state.sc.us
James E. Brown Member at Large (03) 220 Glenshire Drive Columbia, SC 29203	Phone (803) 754-6711 Email jaenb3@aol.com
Susan L. Fulmer Member at Large (03) USC School of Public Health HPRE – HESC 216C Columbia, SC 29208	Phone (803) 777-4788 Fax (803) 777-6290 Email sfulmer@sph.sc.edu
Priscilla W. White APHA Representative SC DHEC/WIC 1751 Calhoun St. Columbia, SC 29201	Phone (803) 898-0679 Email whitepw@columb63.dhec.state.sc.us
Richard Funderburk SHA Representative SC DHEC –Catawba Health District PO Box 817 Lancaster, SC 29720	Phone (803) 286-9948 Fax (803) 286-5418 Email funderrp@lncstr60.dhec.state.sc.us
Ted E. Hewitt Environmental Health Section Chair (02) SC DHEC Home Health/LTC PO Box 101106 Columbia, SC 29211	Phone (803) 898-4394 Email hewittre@columb60.dhec.state.sc.us

Updated 8/13/01

Long Distance Account Code: 2717

Kay Cover Pastoral Care – PRMH 5 Medical Park Dr. Columbia, SC 29203	Public Health Nursing Section Chair (02)	Phone (803)256-5792
Mary Fechtel SC DHEC Health Facilities 2600 Bull St. Columbia, SC 29201	Health Administration Section Chair (02)	Phone (803) 737-7254 Fax (803) 737-7579 Email fechtm@columb54.dhec.state.sc.us
Dorothea Watson Wateree Dis. Health Educator SCPHCA 2211 Alpine Rd. Extension Columbia, SC 29223	Health Education Section Chair (02)	Phone (803) 788-2778 Fax (803) 788-8233 Email dortheaw@scphca.org
Marilyn Scott SC DHEC 2600 Bull St. Columbia, SC 29201	Management Support Section Chair (02)	Phone (803) 896-0604
William B. Kaliher SC DHEC Orangeburg County BOX 1126 Orangeburg, SC 29116	Disease Control Section Chair (02)	Phone (803)533-0070 FAX (803) 536-9118
Karen M. Corey SC DHEC 2000 Hampton St. Columbia, SC 29204	Nutrition Section Chair (02)	Phone (803) 748- 4923
Joseph C. Kinney Work SC DHEC TB Control BOX 101106 Columbia, SC 29211	Social	Phone (803) 898-0645 FAX (803) 898-0685 Email kinneyjc@columb60.dhec.state.sc.us
Greg Howard SC DHEC Greenville County Box 2507 Greenville, SC 29602	Social Work	Phone (864) 467-8054
Rosa Patterson SC DHHS Box 8206 Columbia, SC 29202	Health & Human Services Section Chair (02)	Phone (803) 898-2626 Email patterso@dhhs.state.sc.us
David L. Forrester Alcohol & Drug Abuse Comm. PO Box 1252 Spartanburg, SC 29304	Alcohol/Tobacco/Drugs Section Chair (02)	Phone (864) 582-7588

Part III Technical Requirements

1 Are you filing Form 1023 within 15 months from the end of the month in which your organization was created or formed? Yes No
If you answer "Yes," do not answer questions on lines 2 through 6 below.

2 If one of the exceptions to the 15-month filing requirement shown below applies, check the appropriate box and proceed to question 7.

Exceptions—You are not required to file an exemption application within 15 months if the organization:

- a Is a church, interchurch organization of local units of a church, a convention or association of churches, or an integrated auxiliary of a church. See **Specific Instructions, Line 2a**, on page 4;
- b Is not a private foundation and normally has gross receipts of not more than \$5,000 in each tax year; or
- c Is a subordinate organization covered by a group exemption letter, but only if the parent or supervisory organization timely submitted a notice covering the subordinate.

3 If the organization does not meet any of the exceptions on line 2 above, are you filing Form 1023 within 27 months from the end of the month in which the organization was created or formed? Yes No

If "Yes," your organization qualifies under Regulation section 301.9100-2, for an automatic 12-month extension of the 15-month filing requirement. Do not answer questions 4 through 6.

If "No," answer question 4.

4 If you answer "No" to question 3, does the organization wish to request an extension of time to apply under the "reasonable action and good faith" and the "no prejudice to the interest of the government" requirements of Regulations section 301.9100-3? Yes No

If "Yes," give the reasons for not filing this application within the 27-month period described in question 3. See **Specific Instructions, Part III, Line 4**, before completing this item. Do not answer questions 5 and 6.

If "No," answer questions 5 and 6.

5 If you answer "No" to question 4, your organization's qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed. Therefore, do you want us to consider the application as a request for recognition of exemption as a section 501(c)(3) organization from the date the application is received and not retroactively to the date the organization was created or formed? . . . Yes No

6 If you answer "Yes" to question 5 above and wish to request recognition of section 501(c)(4) status for the period beginning with the date the organization was formed and ending with the date the Form 1023 application was received (the effective date of the organization's section 501(c)(3) status), check here and attach a completed page 1 of Form 1024 to this application.
Currently have 501(c)(4) status.

Part III Technical Requirements (Continued)

- 7 Is the organization a private foundation?
 Yes (Answer question 8.)
 No (Answer question 9 and proceed as instructed.)

- 8 If you answer "Yes" to question 7, does the organization claim to be a private operating foundation?
 Yes (Complete Schedule E.)
 No

After answering question 8 on this line, go to line 14 on page 7.

- 9 If you answer "No" to question 7, indicate the public charity classification the organization is requesting by checking the box below that most appropriately applies:

THE ORGANIZATION IS NOT A PRIVATE FOUNDATION BECAUSE IT QUALIFIES:

- | | | |
|---|---|--|
| a | <input type="checkbox"/> As a church or a convention or association of churches (CHURCHES MUST COMPLETE SCHEDULE A.) | Sections 509(a)(1) and 170(b)(1)(A)(i) |
| b | <input type="checkbox"/> As a school (MUST COMPLETE SCHEDULE B.) | Sections 509(a)(1) and 170(b)(1)(A)(ii) |
| c | <input type="checkbox"/> As a hospital or a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital (These organizations, except for hospital service organizations, MUST COMPLETE SCHEDULE C.) | Sections 509(a)(1) and 170(b)(1)(A)(iii) |
| d | <input type="checkbox"/> As a governmental unit described in section 170(c)(1). | Sections 509(a)(1) and 170(b)(1)(A)(v) |
| e | <input type="checkbox"/> As being operated solely for the benefit of, or in connection with, one or more of the organizations described in a through d, g, h, or i (MUST COMPLETE SCHEDULE D.) | Section 509(a)(3) |
| f | <input type="checkbox"/> As being organized and operated exclusively for testing for public safety. | Section 509(a)(4) |
| g | <input type="checkbox"/> As being operated for the benefit of a college or university that is owned or operated by a governmental unit. | Sections 509(a)(1) and 170(b)(1)(A)(iv) |
| h | <input type="checkbox"/> As receiving a substantial part of its support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public. | Sections 509(a)(1) and 170(b)(1)(A)(vi) |
| i | <input checked="" type="checkbox"/> As normally receiving not more than one-third of its support from gross investment income and more than one-third of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions). | Section 509(a)(2) |
| j | <input type="checkbox"/> The organization is a publicly supported organization but is not sure whether it meets the public support test of h or i. The organization would like the IRS to decide the proper classification. | Sections 509(a)(1) and 170(b)(1)(A)(vi) or Section 509(a)(2) |

If you checked one of the boxes a through f in question 9, go to question 14. If you checked box g in question 9, go to questions 11 and 12. If you checked box h, i, or j, in question 9, go to question 10.

Part III Technical Requirements (Continued)

- 10 If you checked box h, i, or j in question 9, has the organization completed a tax year of at least 8 months?
 Yes—Indicate whether you are requesting:
 A definitive ruling. (Answer questions 11 through 14.)
 An advance ruling. (Answer questions 11 and 14 and attach two Forms 872-C completed and signed.)
 No—You must request an advance ruling by completing and signing two Forms 872-C and attaching them to the Form 1023.
- 11 If the organization received any unusual grants during any of the tax years shown in Part IV-A, **Statement of Revenue and Expenses**, attach a list for each year showing the name of the contributor; the date and the amount of the grant; and a brief description of the nature of the grant.
N/A

- 12 If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here and:
 a Enter 2% of line 8, column (e), Total, of Part IV-A
 b Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount entered on line 12a above.

- 13 If you are requesting a definitive ruling under section 509(a)(2), check here and:
 a For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person." (For a definition of "disqualified person," see **Specific Instructions**, Part II, Line 4d, on page 3.)
 b For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.

14 Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)

	Yes	No	If "Yes," complete Schedule:
Is the organization a church?		X	A
Is the organization, or any part of it, a school?		X	B
Is the organization, or any part of it, a hospital or medical research organization?		X	C
Is the organization a section 509(a)(3) supporting organization?		X	D
Is the organization a private operating foundation?		X	E
Is the organization, or any part of it, a home for the aged or handicapped?		X	F
Is the organization, or any part of it, a child care organization?		X	G
Does the organization provide or administer any scholarship benefits, student aid, etc.?	X		H
Has the organization taken over, or will it take over, the facilities of a "for profit" institution?		X	I

Part IV Financial Data

Complete the financial statements for the current year and for each of the 3 years immediately before it. If in existence less than 4 years, complete the statements for each year in existence. If in existence less than 1 year, also provide proposed budgets for the 2 years following the current year.

A. Statement of Revenue and Expenses

	Current tax year	3 prior tax years or proposed budget for 2 years			(e) TOTAL
	(a) From 7/1/01 to 6/30/02	(b) 7/1/98-6/30/99	(c) 7/1/99-6/30/00	(d) 7/1/00-6/30/01	
Revenue					
1 Gifts, grants, and contributions received (not including unusual grants—see page 6 of the instructions)	350		9285.50	5511.78	15147.28
2 Membership fees received	5510.00	14997.00	15887.00	9948.00	46342.00
3 Gross investment income (see instructions for definition)	1191.88	3021.49	4789.95	2593.59	11596.91
4 Net income from organization's unrelated business activities not included on line 3	524.31	11,299.41	8561.95	5345.75	25731.42
5 Tax revenues levied for and either paid to or spent on behalf of the organization	N/A	N/A	N/A	N/A	
6 Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge)	N/A	N/A	N/A	N/A	
7 Other income (not including gain or loss from sale of capital assets) (attach schedule)	13,888.00	54769.78	84470.89	67806.70	220,935.37
8 Total (add lines 1 through 7)	21,464.19	84087.68	122995.29	91205.82	319,752.98
9 Gross receipts from admissions, sales of merchandise or services, or furnishing of facilities in any activity that is not an unrelated business within the meaning of section 513. Include related cost of sales on line 22	N/A	N/A	N/A	N/A	
10 Total (add lines 8 and 9)	21,464.19	84087.68	122995.29	91205.82	319,752.98
11 Gain or loss from sale of capital assets (attach schedule)	N/A	N/A	N/A	N/A	
12 Unusual grants	N/A	N/A	N/A	N/A	
13 Total revenue (add lines 10 through 12)	21464.19	84087.68	122995.29	91205.82	319,752.98
Expenses					
14 Fundraising expenses	0		1150.00	3684.52	
15 Contributions, gifts, grants, and similar amounts paid (attach schedule)	1204.50	1822.50	2619.75	4195.25	
16 Disbursements to or for benefit of members (attach schedule)	3489.22	9591.02	13911.60	12068.67	
17 Compensation of officers, directors, and trustees (attach schedule)					
18 Other salaries and wages	6562.50	13,750.00	16,250.00	15664.90	
19 Interest					
20 Occupancy (rent, utilities, etc.)					
21 Depreciation and depletion					
22 Other (attach schedule)	6617.50	76347.55	83052.47	77670.24	
23 Total expenses (add lines 14 through 22)	17873.72	101,511.07	117,013.82	113283.58	
24 Excess of revenue over expenses (line 13 minus line 23)	3590.47	(17,423.39)	5981.47	(22077.76)	

Item 7

	Current Yr	1998-99	1999-00	2000-01
Annual Meeting	13723	43747.78	45088.51	34760
Public Health Month activities		10897	26000	30200
Public Health Week		125	11282.38	
Mid-year workshop fees			2100	2786.7
Section fees				60
Social Work Conference	165			
	13888	54769.78	84470.89	67806.7

Item 15

Dues - APHA	576	1291.5		735
Dues - SHA	478.5	531	519.75	560.25
Memorial	150		600	400
Scholarships			1500	2500
	1204.5	1822.5	2619.75	4195.25

Item 16

Speaker Honorarium	1500		8050	6625
Member Travel - APHA	1370.31	1228.96	1309.62	1173.54
Member Travel - SHA	618.91	1170.8	1312.67	331.39
Speaker Expenses		7191.26	2255.31	3444
Student Paper Contributions			450	420.74
Member Promotion Award			150	74
Travel/President-Elect			384	
	3489.22	9591.02	13911.6	12068.67

Item 22

Annual Meeting expenses	1499	42489.93	39584.75	34925.84
Newsletter	1493.64	1965.71	9460.23	8378.39
Midyear workshops			2722.01	2604.66
Section expenses			1520.62	1918.79
Public Health Month	1433.94	30796.22	25813.93	26317.62
Miscellaneous Office expenses	560.92	1095.69	3980.93	2676.94
Legal Fees	1000			
WEB page	630			848
	6617.5	76347.55	83082.47	77670.24

Part IV Financial Data (Continued)

B. Balance Sheet (at the end of the period shown)		Current tax year Date <u>12-31-01</u>
Assets		
1	Cash	30561.76
2	Accounts receivable, net	
3	Inventories	
4	Bonds and notes receivable (attach schedule)	
5	Corporate stocks (attach schedule)	
6	Mortgage loans (attach schedule)	
7	Other investments (attach schedule)	20343.19
8	Depreciable and depletable assets (attach schedule)	
9	Land	
10	Other assets (attach schedule)	
11	Total assets (add lines 1 through 10)	50904.95
Liabilities		
12	Accounts payable	0
13	Contributions, gifts, grants, etc., payable	0
14	Mortgages and notes payable (attach schedule)	0
15	Other liabilities (attach schedule)	46913.87
16	Total liabilities (add lines 12 through 15)	46913.87
Fund Balances or Net Assets		
17	Total fund balances or net assets	0
18	Total liabilities and fund balances or net assets (add line 16 and line 17)	46913.87

If there has been any substantial change in any aspect of the organization's financial activities since the end of the period shown above, check the box and attach a detailed explanation

Schedule H. Organizations Providing Scholarship Benefits, Student Aid, etc., to Individuals

1a Describe the nature and the amount of the scholarship benefit, student aid, etc., including the terms and conditions governing its use, whether a gift or a loan, and how the availability of the scholarship is publicized. If the organization has established or will establish several categories of scholarship benefits, identify each kind of benefit and explain how the organization determines the recipients for each category. Attach a sample copy of any application the organization requires individuals to complete to be considered for scholarship grants, loans, or similar benefits. (Private foundations that make grants for travel, study, or other similar purposes are required to obtain advance approval of scholarship procedures. See Regulations sections 53.4945-4(c) and (d).)

b If you want this application considered as a request for approval of grant procedures in the event we determine that the organization is a private foundation, check here

c If you checked the box in 1b above, check the box(es) for which you wish the organization to be considered.

- 4945(g)(1)
- 4945(g)(2)
- 4945(g)(3)

2 What limitations or restrictions are there on the class of individuals who are eligible recipients? Specifically explain whether there are, or will be, any restrictions or limitations in the selection procedures based upon race or the employment status of the prospective recipient or any relative of the prospective recipient. Also indicate the approximate number of eligible individuals.

3 Indicate the number of grants the organization anticipates making annually

4 If the organization bases its selections in any way on the employment status of the applicant or any relative of the applicant, indicate whether there is or has been any direct or indirect relationship between the members of the selection committee and the employer. Also indicate whether relatives of the members of the selection committee are possible recipients or have been recipients.

5 Describe any procedures the organization has for supervising grants (such as obtaining reports or transcripts) that it awards and any procedures it has for taking action if the terms of the grant are violated.

Malcolm C. Dantzer Scholarship

Scholarship Sponsored by
The South Carolina Public Health Association

Scholarship Amount: \$1000.00

Eligibility Criteria:

- Be an active member of the South Carolina Public Health Association for two years prior to submitting an application for this scholarship.
- Be enrolled in a course of study leading to a degree in a health-related field.
- Have at least 6 hours of study (may include thesis or practicum) remaining before graduation
- Must demonstrate high academic and professional promise
- Must achieve and maintain an academic performance of 3.5 or higher
- Exhibit significant commitment to the public health profession by through volunteer and professional activity as indicated by
 - involvement in community health activities;
 - involvement in scholarly activities; and
 - participate in professional and/or student organizations.

Documentation Needed with Application:

- Official transcript.
- The extent you/student have been involved in volunteer communities activities.
- List of scholarly activities, (i.e., academic awards, publications, participation in research activities).
- The extent you/student have been involved in professional and/or student organizations.
- A personal statement of 250 words or less of career goals and aspirations attached to application.
- Proof of number of hours remaining before graduation.

How to Apply: Applicants may apply themselves or be nominated by professionals in the field.

How to Request or Submit Applications:

Lavelle Thornton
SC DHEC
Office of Public Health Education
1751 Calhoun Street
Columbia, SC 29201
803-898-0811 (o) 803-898-0557 (f)
e-mail: thorntlr@columb60.dhec.state.sc.us

or
Keely Fagen
Capital Consultants
P.O. Box 1763
Columbia, SC 29202
803-252-1087
SCPHA@CAPCONSC.com

Deadline for receipt of applications: April 6, 2001.

Malcolm U. Dantzler Scholarship Application

Name:

Address:

Phone Number:

Health-related Field:

The following documentation must be attached with your application for Scholarship consideration:

1. An official transcript with each application.
2. Proof of at least six hours remaining before graduation.
3. Documentation testifying the extent you/student have been involved in volunteer activities.
4. List of scholarly activities (i.e., academic awards, publications, participation in research projects, etc.).
5. The extent you/student have been involved in professional and/or student activities.
6. A personal statement of 250 words or less of career goals and aspirations. Please type and double space then attach to application.

Submit applications to:

Lavelle Thornton
SC DHEC
Office of Public Health Education
1751 Calhoun Street
Columbia, SC 29201
803-898-0811 (o) 803-898-0557 (f)
e-mail: thorntlr@columb60.dhec.state.sc.us

or

Keely Fagen
Capital Consultants
P.O. Box 1763
Columbia, SC 29202
803-252-1087
SCPHA@CAPCONSC.com

Deadline for receipt of applications: April 6, 2001.

Public Health Scholarship

Scholarship Sponsored by
The South Carolina Public Health Association

Scholarship Amount: \$1000.00

Eligibility Criteria:

- Be a student at the USC School of Public Health
- Have at least 6 hours of study (may include thesis or practicum) remaining before graduation.
- Must demonstrate high academic and professional promise
- Must achieve and maintain an academic performance of 3.5 or higher
- Exhibit significant commitment to the public health profession by through volunteer and professional activity as indicated by
 - involvement in community health activities;
 - involvement in scholarly activities; and
 - participate in professional and/or student organizations.

Documentation Needed with Application:

- Official transcript.
- The extent you/student have been involved in volunteer communities activities.
- List of scholarly activities, (i.e., academic awards, publications, participation in research activities).
- The extent you/student have been involved in professional and/or student organizations.
- A personal statement of 250 words or less of career goals and aspirations attached to application.
- Proof of number of hours remaining before graduation.

How to Apply: Applicants may apply themselves or be nominated by professionals in the field.

How to Request or Submit Applications:

How to Request or Submit Applications:

Lavelle Thornton
SC DHEC
Office of Public Health Education
1751 Calhoun Street
Columbia, SC 29201
803-898-0811 (o) 803-898-0557 (f)
e-mail: thorntl@columb60.dhec.state.sc.us

or

Keely Fagen
Capital Consultants
P.O. Box 1763
Columbia, SC 29202
803-252-1087
SCPHA@CAPCONSC.com

Deadline for receipt of applications: April 6, 2001.

Public Health Scholarship Application

Name:

Address:

Phone Number:

Public Health Field:

Documentation for Consideration:

1. An official transcript with each application.
2. Documentation testifying the extent you/student have been involved in volunteer activities/
3. List of scholarly activities (i.e., academic awards, publications, participation in research projects, etc.).
4. The extent you/student have been involved in professional and/or student activities.
5. A personal statement of 250 words or less of career goals and aspirations. Please type and double space then attach to application.

Note: The top applicant may be interviewed by the Scholarship Selection Committee.

Submit applications to:

Lavelle Thornton
SC DHEC
Office of Public Health Education
1751 Calhoun Street
Columbia, SC 29201
803-898-0811 (o) 803-898-0557 (f)
e-mail: thornlr@columb60.dhec.state.sc.us

or

Keely Fagen
Capital Consultants
P.O. Box 1763
Columbia, SC 29202
803-252-1087
SCPHA@CAPCONSC.com

Deadline for receipt of applications: April 6, 2000.

PHYLLIS A ALLEN PUBLIC HEALTH NUTRITION SCHOLARSHIP

THE SOUTH CAROLINA PUBLIC HEALTH ASSOCIATION NUTRITION SECTION IS OFFERING A \$500 SCHOLARSHIP FOR DIETETIC INTERNS PRESENTLY ENROLLED IN A SOUTH CAROLINA NUTRITION INTERNSHIP.

CRITERIA FOR THE SCHOLARSHIP ARE AS FOLLOWS:

- (1) ACADEMIC EXCELLENCE: G.P.A. GREATER THAN OR EQUAL TO 3.0.
- (2) PRESENTLY ENROLLED IN A SOUTH CAROLINA DIETETIC INTERNSHIP.
- (3) CURRENT MEMBER OF THE SOUTH CAROLINA PUBLIC HEALTH ASSOCIATION NUTRITION SECTION (BY MARCH 15 OF THE CURRENT YEAR).

AWARDS WILL BE ANNOUNCED AT THE ANNUAL SCPHA MEETING (IN MAY OF EACH YEAR). MONIES ARE TO BE AWARDED DURING THE MONTH OF JUNE.

PHYLLIS A. ALLEN PUBLIC HEALTH NUTRITION SCHOLARSHIP APPLICATION

(ONLY APPLICATIONS THAT ARE TYPED OR NEATLY PRINTED AND COMPLETE WILL BE PROCESSED.)

1. PERSONAL DATA

A. NAME: MR./MS. _____
LAST FIRST MIDDLE

B. PRESENT ADDRESS:

C. TELEPHONE: HOME: () _____ WORK: () _____

2. EDUCATION

LIST ALL COLLEGES AND UNIVERSITIES ATTENDED OR ATTENDING, WITH MOST RECENT LISTED FIRST.

<u>SCHOOL</u>	<u>LOCATION</u>	<u>MAJOR</u>	<u>GPA*</u>	<u>DATES OF ATTENDANCE</u>	<u>DEGREE RECEIVED</u>
---------------	-----------------	--------------	-------------	----------------------------	------------------------

* GPA MUST BE BASED ON 4.0 SYSTEM OR CONVERTED TO 4.0 SYSTEM. CONTACT YOUR SCHOOL FOR ASSISTANCE TO FACILITATE CONVERSION.

3. WORK EXPERIENCE

JOB TITLE	EMPLOYER	LOCATION	DATE
1.			
2.			
3.			
4.			
5.			

4. PROFESSIONAL MEMBERSHIPS AND ACTIVITIES

(LIST ORGANIZATIONS, OFFICES HELD, DATES AND MAJOR ACCOMPLISHMENTS.)

5. COMMUNITY SERVICE AND/OR EXTRACURRICULAR ACTIVITIES

6. PUBLICATIONS, PROFESSIONAL PRESENTATIONS, AND HONOR/SCHOLARSHIPS

7. CAREER GOALS

(DESCRIBE YOUR PROFESSIONAL GOALS IN 100 WORDS OR LESS.)

8. RELEASE OF INFORMATION

DO YOU GIVE PERMISSION FOR THE COMMITTEE TO REVIEW YOUR TRANSCRIPT(S) AND LETTERS OF RECOMMENDATION? (✓ YES OR NO AND SIGN)

YES _____ NO _____

SIGNATURE _____

9. CERTIFICATION

ALL OF THE INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT: _____

DATE: _____

Security enhanced document. See back for details.

SC PUBLIC HEALTH ASSOCIATION
TAX ID NO. 57-6026723

3274

DATE 01-08-02

67-7873/2539
01

PAY TO THE ORDER OF

IRS

\$ 465⁰⁰₇₇

Four Hundred Sixty Five Dollars

DOLLARS

SC STATE CREDIT UNION
SERVING SOUTH CAROLINA'S WORKFORCE
COLUMBIA, SOUTH CAROLINA 29202

TWO SIGNATURES REQUIRED

FOR

Keelys Payne

⑈003274⑈ ⑆253978730⑆20009005082 8⑈

GUARDIAN • SAFETY