

Return of Organization Exempt From Income Tax

2007

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
SC Public Health Association
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO Box 11061
 City or town State or country ZIP + 4
Columbia SC 29211

D Employer identification number
57-6026723

E Telephone number
(803) 779-0343

F Accounting method: Cash Accrual
 Other (specify) _____

G Website: **www.scpa.com**

J Organization type (check only one) 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **105,644**

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates _____
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number _____

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

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

		1a		1b		1c		1d		1e	
1 Contributions, gifts, grants, and similar amounts received:											
a Contributions to donor advised funds		0		54,795		0		25,710		80,505	
b Direct public support (not included on line 1a)										0	
c Indirect public support (not included on line 1a)										13,264	
d Government contributions (grants) (not included on line 1a)										5,060	
e Total (add lines 1a through 1d) (cash \$ 80,505 noncash \$ 0)										0	
2 Program service revenue including government fees and contracts (from Part VII, line 93)										0	
3 Membership dues and assessments										0	
4 Interest on savings and temporary cash investments										0	
5 Dividends and interest from securities										0	
6 a Gross rents		6a		6b						6c	
b Less: rental expenses										0	
c Net rental income or (loss). Subtract line 6b from line 6a										0	
7 Other investment income (describe _____)										0	
8 a Gross amount from sales of assets other than inventory		(A) Securities		(B) Other						8d	
b Less: cost or other basis and sales expenses		0		0						0	
c Gain or (loss) (attach schedule)		0		0						0	
d Net gain or (loss). Combine line 8c, columns (A) and (B)										0	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>										9c	
a Gross revenue (not including \$ 0 of contributions reported on line 1b)		9a		9b						5,103	
b Less: direct expenses other than fundraising expenses		6,815		1,712						0	
c Net income or (loss) from special events. Subtract line 9b from line 9a										0	
10 a Gross sales of inventory, less returns and allowances		10a		10b						10c	
b Less: cost of goods sold		0		0						0	
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a										0	
11 Other revenue (from Part VII, line 103)										0	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11										103,932	
13 Program services (from line 44, column (B))										59,433	
14 Management and general (from line 44, column (C))										33,794	
15 Fundraising (from line 44, column (D))										0	
16 Payments to affiliates (attach schedule)										857	
17 Total expenses. Add lines 16 and 44, column (A)										94,084	
18 Excess or (deficit) for the year. Subtract line 17 from line 12										9,848	
19 Net assets or fund balances at beginning of year (from line 73, column (A))										23,262	
20 Other changes in net assets or fund balances (attach explanation)										0	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20										33,110	

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
22 b	Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 1,931	1,931		
23	Specific assistance to individuals (attach schedule)	23 0	0		
24	Benefits paid to or for members (attach schedule)	24 0	0		
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 0	0	0	0
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c 0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	26 0			
27	Pension plan contributions not included on lines 25a, b, and c	27 0			
28	Employee benefits not included on lines 25a - 27	28 0			
29	Payroll taxes	29 0			
30	Professional fundraising fees	30 0			
31	Accounting fees	31 0			
32	Legal fees	32 0			
33	Supplies	33 1,294		1,294	
34	Telephone	34 0			
35	Postage and shipping	35 2,265		2,265	
36	Occupancy	36 0			
37	Equipment rental and maintenance	37 0			
38	Printing and publications	38 2,677	2,677		
39	Travel	39 3,903	3,903		
40	Conferences, conventions, and meetings	40 0			
41	Interest	41 0			
42	Depreciation, depletion, etc. (attach schedule)	42 0	0	0	0
43	Other expenses not covered above (itemize):				
a	Annual Meeting Expense	43a 44,478	44,478	0	0
b	Winter Conference Expenses	43b 3,951	3,951	0	0
c	Public Health Month	43c 1,660	1,660	0	0
d	Section Expenses	43d 833	833	0	0
e	Management Fees & Expenses	43e 29,287	0	29,287	0
f	Insurance	43f 898	0	898	0
g	State Registration Fees	43g 50	0	50	0
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 93,227	59,433	33,794	0

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>Enhance Public Health</u>	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a Two Semi-annual Educational Meetings <u>Association Members, other public health professionals and the public in general receive education and promote public health awareness and action</u> ----- ----- ----- (Grants and allocations \$ <u>1,931</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	53,037
b Public Health Month <u>month long promotion of public health with meetings and media</u> ----- ----- ----- (Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,660
c Public Health Sections <u>special events by health specialty groups within the association</u> ----- ----- ----- (Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	833
d National Meeting Travel <u>Key officers participate in APHA and SHA meetings to bring to SC latest public health information</u> ----- ----- ----- (Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,903
e Other program services (attach schedule) (Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	0
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	59,433

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing		45	
	46 Savings and temporary cash investments	158,134	46	109,405
	47 a Accounts receivable	47a 6,313		
	b Less: allowance for doubtful accounts	47b 0	5,553	47c 6,313
	48 a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	0	48c 0
	49 Grants receivable			49
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a 0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	0	51c 0
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges			53
	54 a Investments—publicly-traded securities. <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54a 0
	b Investments—other securities (attach schedule). <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54b 0
	55 a Investments—land, buildings, and equipment: basis	55a 0		
	b Less: accumulated depreciation (attach schedule)	55b 0	0	55c 0
	56 Investments—other (attach schedule)		0	56 0
	57 a Land, buildings, and equipment: basis	57a 0		
	b Less: accumulated depreciation (attach schedule)	57b 0	0	57c 0
58 Other assets, including program-related investments (describe <input type="checkbox"/>)		0	58 0	
59 Total assets (must equal line 74). Add lines 45 through 58		163,687	59	115,718
Liabilities	60 Accounts payable and accrued expenses	1,000	60	
	61 Grants payable	7,800	61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe <input type="checkbox"/> Funds Held in Trust)	131,625	65	82,099
66 Total liabilities. Add lines 60 through 65	140,425	66	82,099	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	23,262	67	33,619
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	23,262	73	33,619	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	163,687	74	115,718	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	0
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0
e	Total revenue (Part I, line 12). Add lines c and d		e	0

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	0
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0
e	Total expenses (Part I, line 17). Add lines c and d		e	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name Otis Outing Str 1751 Calhoun St City Columbia ST SC ZIP 29201	Title President Hr/WK 15	0	0	0
Name Susan Clark Str 9 Olde Stream Ct City Irmo ST SC ZIP 29063	Title Vice-president Hr/WK 10	0	0	0
Name Kathleen L Wynne Str 2600 Bull St City Columbia ST SC ZIP 29201	Title Pres-Elect Hr/WK 10	0	0	0
Name Megan Weis Str 812 Laurel Hill La City Columbia ST SC ZIP 29201	Title Secretary Hr/WK 10	0	0	0
Name Yolanda Kennedy Str PO Box 101106 City Columbia ST SC ZIP 29211	Title Treasurer Hr/WK 15	0	0	0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

Part V-A	Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	12	
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				

Part VI	Other Information <i>(See the instructions.)</i>	Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81a	
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		0
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright 0 ; section 4912 \blacktriangleright 0 ; section 4955 \blacktriangleright 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 \blacktriangleright _____		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization \blacktriangleright _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	N/A
90 a	List the states with which a copy of this return is filed \blacktriangleright _____		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	0
91 a	The books are in care of \blacktriangleright Name Queen Communications, LLC Telephone no. \blacktriangleright (803) 540-7507 Located at \blacktriangleright 1215 Anthony Ave City Columbia ST SC ZIP + 4 \blacktriangleright 29201		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country \blacktriangleright _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

- 94 Membership Dues are an integral part of Program Services
101 Special Events are associated with Educational Meetings

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes X No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
Line 1a - Contributions to Donor Advised Funds		
Line 1b - Direct public support		
1 Contributions	32,960	1
2 Membership dues and assessments (contributions from the public)		2
3 Commercial co-venture		3
4 Special events contributions (Line 9 - Special Events)	0	4
5 Turtle Race	3,238	5
6 Charitable Contributions	3,030	6
7 Exhibitors at Meetings	7,890	7
8 Contributions from DHEC Programs	7,677	8
9		9
10 Total	54,795	10 0
Line 1c - Indirect public support		
Line 1d - Government contributions (grants)	25,710	

Line 9 (990) - Special Events and Activities

	Event A	Event B	Event C	All others	Totals
1 Special event name	action Fundraise	LOY BBQ	Silent Auction		
1a Number of special events	4	1	1		
2 Gross receipts	1,147	2,925	2,743	2	6,815
3 Less contributions				3	0
4 Gross revenue	1,147	2,925	2,743	0	6,815
5 Less direct expenses		1,712		5	1,712
6 Net income or (loss)	1,147	1,213	2,743	0	5,103

Part IV, Line 47 (990) - Accounts Receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 Member Dues and DHEC Programs	1	5,553	6,313		
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total accounts receivable	11	5,553	6,313	0	0

Part IV, Line 65 (990) - Other Liabilities

131,625

82,099

Description		Beginning	End
1	Funds Held in Trust	131,625	82,099
2			
3			
4			
5			
6			
7			
8			
9			
10			

Part VIII (990) - Relationship of Activities to the Accomplishment of Exempt Purposes

	Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	94	Membership Dues are an integral part of Program Services
2	101	Special Events are associated with Educational Meetings
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
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SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization SC Public Health Association	Employer identification number 57-6026723
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶ **0**

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶ **0**

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶ **0**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. Schedule A (Form 990 or 990-EZ) 2007

(HTA)

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	X
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	X
d Enter the total number of donor advised funds owned at the end of the tax year ►	none	
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ►		
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►		

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____ City _____ ST _____ Country _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
					0
					0
					0
					0
					0
					0
Total					0

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total	
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	18,205	74,702	70,289	42,922	206,118	
16 Membership fees received	3,462	9,087	10,940	9,855	33,344	
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0	
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,125	879	401	374	3,779	
19 Net income from unrelated business activities not included in line 18					0	
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0	
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0	
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	9,630	15,141	20,339	18,422	63,532	
23 Total of lines 15 through 22	33,422	99,809	101,969	71,573	306,773	
24 Line 23 minus line 17	33,422	99,809	101,969	71,573	306,773	
25 Enter 1% of line 23	334	998	1,020	716		
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a	0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c	0
d Add: Amounts from column (e) for lines:	18	19			26d	0
	22	26b			26e	0
e Public support (line 26c minus line 26d total)					26e	0
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f	0.00%
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					
	(2006)	(2005)	(2004)	(2003)		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2006)	(2005)	(2004)	(2003)		
c Add: Amounts from column (e) for lines:	15	206,118	16	33,344	27c	239,462
	17		20		27d	0
d Add: Line 27a total and line 27b total					27e	239,462
e Public support (line 27c total minus line 27d total)					27f	306,773
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27g	78.06%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h	1.23%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))						
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.						

Part V Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 29 through 35 regarding racial nondiscrimination policies, record keeping, and financial aid.

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)	0	0
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)	0	0
41	Lobbying nontaxable amount. Enter the amount from the following table— if the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	0	0
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	0	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	0	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers	X		
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part IV-A, Line 22 (Sch A (990/990-EZ)) - Other Income

Description	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
1 Program Services	9,630	15,141	20,339	18,422	63,532
2					0
3					0
4					0
5					0
6					0
7					0
8					0
9					0
10					0
Total of Other Income	9,630	15,141	20,339	18,422	63,532

Part VII, Line 51d (Sch A (990/990-EZ)) - Transfers and Transactions with Noncharitable Exempt Orgs.

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
1 51a(i)	857	American ans Southern Public Healh Assn	Organizational dues
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SCHOLARSHIP COMMITTEE

I. Responsibilities of the Committee:

This Committee is responsible for publicizing the scholarships, receiving nominations, selecting

potential scholarship recipients and recommending potential scholarship recipients to the Governing Council.

II. Composition of the Scholarship Committee:

Members of the Scholarship Committee shall consist of individuals in good standing in the South Carolina Public Health Association (SCPHA) and shall include, but not be limited to a representative from each of the following areas:

- * The President-elect who shall serve as chair of the committee
- * Two Members-at-Large
- * The Treasurer
- * A representative from the Norman J. Arnold School of Public Health, University of South Carolina

III. Description of the Scholarships:

Two scholarships are authorized:

- A. The Public Health Scholarship
- B. The Malcolm U. Dantzler Scholarship

IV. Awards Criteria:

A. The Public Health Scholarship

A recipient of the Public Health Scholarship must:

1. Be a student of an accredited School of Public Health and have documentation of at least six (6) hours of study remaining before graduation (may include students working on their thesis or practicum).
2. Be a current member in good standing in the Association during the year in which the scholarship application is made.
3. Demonstrate high academic and professional promise. Achieve and maintain an academic performance of 3.5 or better.
4. Exhibit significant commitment to the public health profession through volunteer and professional activity as indicated by the following activities:
 - a. Involvement in community activities
 - b. Involvement in scholarly activities
 - c. Participation in professional and/or student organizations.

B. The Malcolm U. Dantzler Scholarship

A recipient of the Malcolm U. Dantzler Scholarship must:

1. Be a current member in good standing in the Association for at least the year in which the scholarship application is made.
2. Be enrolled in a course of study leading to a degree in a health-related field and have documentation of at least six (6) hours of study remaining before graduation (may include students working on their thesis or practicum).

3. Demonstrate high academic and professional promise. Achieve and maintain an academic performance of 3.5 or better.
4. Exhibit significant commitment to the public health profession through volunteer and professional activity as indicated by the following activities:
 - a. Involvement in community activities
 - b. Involvement in scholarly activities
 - c. Participation in professional and/or student organizations.

V. Application for Scholarship:

Applicants may apply for scholarships themselves or be nominated by professionals in the field. Applications and nominations are to be mailed to the chair of the Scholarship Committee. Scholarship application forms must be postmarked no later than the deadline established by the Scholarship Committee.

VI. Duties of the Committee:

- A. The Scholarship Committee members are to provide the criteria for each scholarship and application forms to members of the Association on or before January 1 of each year through Governing Council Member assistance, the Bulletin, Section Chairs, and at mid-year workshops.
- B. The Scholarship Committee Chair will review all scholarship applications for the minimum requirements. Once the applications have been accepted, they will be distributed to the Scholarship Review Committee.
- C. Vote of the Scholarship Committee members may be by mail ballot or at a meeting called by the Chair.
- D. Final recommendations for Scholarship awards are to be made to the Governing Council at the April meeting.
- E. Scholarship recipients will be notified by the President of the Association and invited to receive their scholarship award at the awards presentation during the Annual Meeting.

CONVENTION COMMITTEES

~~The Convention Committees exist in order to carry out the functions of the annual meeting. Convention Committee Chairs are expected to meet with incoming Committee Chairs by July 1st to review activities~~