

Return of Organization Exempt From Income Tax

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

2002

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 2002 calendar year, or tax year beginning , 2002, and ending , 20

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

C Name of organization
 SOUTH CAROLINA CENTER FOR FATHERS AND FAMILIES
 Number and street (or PO box if mail is not delivered to street address) Room/suite
 2351 E 22ND STREET
 City or town state or country, and ZIP + 4
 CLEVELAND OH 44115

D Employer identification number
 36-4506347

E Telephone number
 216-696-5560

F Accounting method Cash Accrual
 Other (specify) _____

G Web site _____

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

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **762,848**

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 Enter 4-digit GEN **0928**

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 page 17 of the instructions)

Revenues	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a			
	b Indirect public support	1b			
	c Government contributions (grants)	1c	762,848		
	d Total (add lines 1a through 1c) (cash \$ <u>762,848</u> noncash \$ _____)	1d			762,848
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe _____)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities	8a		(B) Other	
		8b			
		8c			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b Less direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a Gross sales of inventory, less returns and allowances		10a			
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			762,848	
Expenses	13 Program services (from line 44, column (B))	13			773,087
	14 Management and general (from line 44, column (C))	14			110
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17			773,197
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			(10,349)
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			
	20 Other changes in net assets or fund balances (attach explanation)	20			10,349
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			0

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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 page 21 of 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	Grants and allocations (attach schedule) (cash \$ <u>756,447</u> noncash \$ _____)	756,447	756,447		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	4,500	4,500		
26	Other salaries and wages	2,466	2,466		
27	Pension plan contributions				
28	Other employee benefits	1,139	1,139		
29	Payroll taxes	533	533		
30	Professional fundraising fees				
31	Accounting fees	6,241	6,241		
32	Legal fees				
33	Supplies	110		110	
34	Telephone				
35	Postage and shipping				
36	Occupancy	1,711	1,711		
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize) a OTHER	50	50		
b					
c					
d					
e					
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.	773,197	773,087	110	

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 \$ N/A, (ii) the amount allocated to Program services \$ N/A,
 (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See page 24 of the instructions.)

What is the organization's primary exempt purpose? <u>SUPPORT THE SISTERS OF CHARITY OF ST AUGUSTINE</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)
a THE SOUTH CAROLINA CENTER FOR FATHERS AND FAMILIES WAS ESTABLISHED ON AUGUST 23, 2002 AND IS A MINISTRY OF THE SISTERS OF CHARITY OF ST. AUGUSTINE. THE CENTER'S FOCUS IS TO PROVIDE LEADERSHIP, MENTORING, TECHNICAL ASSISTANCE AND (Grants and allocations \$ <u>756,447</u>)	762,738
b FUNDING TO 503 (C) (3) ORGANIZATIONS INVOLVED IN FATHERHOOD PROGRAMS WHICH ASSIST LOW INCOME FATHERS AND FAMILIES IN THE STATE OF SOUTH CAROLINA. THE SOLE MEMBER OF THE CENTER IS THE SISTERS OF CHARITY FOUNDATION OF SOUTH CAROLINA WHICH (Grants and allocations \$ _____)	
c PREVIOUSLY SUPPORTED THIS FATHERHOOD INITIATIVE (Grants and allocations \$ _____)	
d (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	762,738

Part IV Balance Sheets (See page 24 of the instructions)

Note		(A)		(B)
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year
Assets	45 Cash — non-interest-bearing	0	45	49,454
	46 Savings and temporary cash investments		46	
	47a Accounts receivable			
	b Less allowance for doubtful accounts		47c	
	48a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments — securities (attach schedule) ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments — land, buildings, and equipment basis			
	b Less accumulated depreciation (attach schedule)		55c	
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment basis				
b Less accumulated depreciation (attach schedule)		57c		
58 Other assets (describe ▶ _____)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	0	59	49,454	
Liabilities	60 Accounts payable and accrued expenses	0	60	1,855
	61 Grants payable		61	
	62 Deferred revenue	0	62	47,599
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ _____)		65	
66 Total liabilities (add lines 60 through 65)	0	66	49,454	
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		67	
	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, column (B) must equal line 21)		73		
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	0	74	49,454	

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.

Part VI Other Information (See page 27 of the instructions)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		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		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	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?	X	
	b If "Yes," enter the name of the organization <u>SEE ATTACHED STATEMENT</u> _____ and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	NONE
81b	b Did the organization file Form 1120-POL for this year?		X
82a	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
82b	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	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/A
85b	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		N/A
85c	c Dues, assessments, and similar amounts from members	85c	N/A
85d	d Section 162(e) lobbying and political expenditures	85d	N/A
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	NONE
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
85h	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	N/A
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A
87b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	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	88	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> , section 4912 <u>N/A</u> , section 4955 <u>N/A</u>		
89b	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		N/A
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A
90a	List the states with which a copy of this return is filed <u>SOUTH CAROLINA</u>		
90b	b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	0
91	The books are in care of <u>JOHN T FAULSTICH</u> Telephone no <u>216-696-5560</u> Located at <u>2351 E 22ND STREET CLEVELAND, OH</u> ZIP + 4 <u>44115</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here <input type="checkbox"/> 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 page 31 of the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
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					
a debt-financed property					
b not debt-financed property					
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 a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of 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)
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, from a personal benefit contract?
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
- Note.** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return and believe it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Please Sign Here

Signature of officer: *[Signature]*
 JOHN T FAULSTICH
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *Fabrizio D Siciliano*
 Firm's name (or yours if self-employed) address and ZIP + 4: **PricewaterhouseCoopers**
BP Tower
200 Public Square, 27th
Cleveland, OH 44114-23

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 Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2002

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions)

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

Name of the organization

Employer identification number

SOUTH CAROLINA CENTER FOR FATHERS AND FAMILIES

36-4506347

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 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	

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

Schedule A (Form 990 or 990-EZ) 2002

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) 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.	1	X
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)? See Form 990 Part V	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)	
The organization is not a private foundation because it is (Please check only ONE applicable box.)	
5 <input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)	
6 <input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V)	
7 <input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)	
8 <input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)	
9 <input type="checkbox"/> A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____	
10 <input type="checkbox"/> 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)	
11a <input checked="" type="checkbox"/> 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)	
11b <input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	
12 <input type="checkbox"/> 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 <input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))	
Provide the following information about the supported organizations (See page 5 of the instructions)	
(a) Name(s) of supported organization(s)	
(b) Line number from above	
SISTERS OF CHARITY OF ST. AUGUSTINE, RICHFIELD, OH WHICH IS A RELIGIOUS	
CONGREGATION OF WOMEN LISTED IN THE OFFICIAL CATHOLIC DIRECTORY	5
14 <input type="checkbox"/> An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 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 N/A

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
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					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					26a
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 1998 through 2001 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
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
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 (2001) _____ N/A (2000) _____ N/A (1999) _____ N/A (1998) _____ N/A					
b For any amount included in line 17 that was received from each person (other than "disqualified person"), 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 11, 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 (2001) _____ N/A (2000) _____ N/A (1999) _____ N/A (1998) _____ N/A					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add Line 27a total _____ 0 and line 27b total _____ 0					27d 0
e Public support (line 27c total minus line 27d total)					27e 0
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) 27f					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)).					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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					

	N/A	
	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) _____ _____	31	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) _____	32d	
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) _____	33h	
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

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

N/A

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)	36			
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37			
38 Total lobbying expenditures (add lines 36 and 37)	38			
39 Other exempt purpose expenditures	39			
40 Total exempt purpose expenditures (add lines 38 and 39)	40			
41 Lobbying nontaxable amount Enter the amount from the following table —	41			
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)	42			
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43			
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44			

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 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 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.)			NONE

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

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **Note: Only check this box if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time — Must File Original and One Copy.		
Type or print	Name of Exempt Organization S.C. CENTER FOR FATHERS AND FAMILIES	Employer Identification number 36-4506347
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a PO box, see instructions 2351 E. 22ND STREET	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions CLEVELAND OH 44115	

Check type of return to be filed (File a separate application for each return)

Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) 0928. If this is for the **whole group**, check this box . If it is for **part of the group**, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until NOVEMBER 15, 20 03

5 For calendar year 2002, or other tax year beginning _____, 20 ____ and ending _____, 20 ____

6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS REQUESTED IN ORDER TO OBTAIN THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

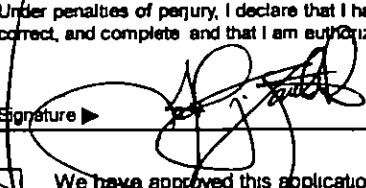
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete and that I am authorized to prepare this form.

Signature  Title ASSISTANT TREASURER Date 08/08/03

Notice to Applicant — To Be Completed by the IRS

We have approved this application. Please attach this form to the organization's return.
 We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
 We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
 We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
 Other _____

Director _____ By _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name
	Number and street (include suite, room, or apt. no.) Or a PO box number
	City or town, province or state, and country (including postal or ZIP code)

EXTENSION APPROVED
 AUG 19 2003
 LINDA WEISKOPF, FTD DIRECTOR
 SUBMISSION PROCESSING CENTER

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

● If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶

● If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only ▶

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization S.C. CENTER FOR FATHERS AND FAMILIES	Employer identification number 36-4506347
	Number, street, and room or suite no. If a PO box, see instructions 2351 E. 22ND STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions CLEVELAND OH 44115	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

● If the organization does not have an office or place of business in the United States, check this box ▶

● If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until August 15, 20 03, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ calendar year 20 02 or

▶ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

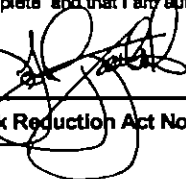
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete and that I am authorized to prepare this form

Signature ▶ 

Title ▶ Assistant Treasurer Date ▶ May 2, 2003

For Paperwork Reduction Act Notice, see instruction

2002 SUPPLEMENTARY STATEMENT

SOUTH CAROLINA CENTER FOR FATHERS AND FAMILIES

36-4506347

STATEMENT 990 PT I - 1

LINE 20 - OTHER CHANGES DESCRIPTION	AMOUNT
EQUITY TRANSFER FROM MEMBER	<u>(10 349)</u>
TOTAL AMOUNT	<u><u>(10 349)</u></u>

2002 SUPPLEMENTARY STATEMENTS

SOUTH CAROLINA CENTER FOR FATHERS AND FAMILIES

36-4506347

STATEMENT 990 PT II - 1

LINE 22 - GRANTS AND ALLOCATIONS

DONEE NAME	ADDRESS	GRANT AMOUNT
AGAPE INNERCITY CHRISTIAN ASSEMBLY, INC	701 EAST BAY STREET #3A-100 MSC BOX 1202 CHARLESTON, SC 29403	178,621 00
CHESTERFIELD-MARLBORO ECONOMIC OPPORTUNITY COUNCIL, INC	P O BOX 877 CHERAW, SC 29520	40,000 00
COLUMBIA URBAN LEAGUE, INC	P O BOX 50125 COLUMBIA, SC 29250	91,000 00
COMMUNITY COALITION OF HORRY COUNTY	COASTAL CAROLINA UNIVERSITY P O BOX 507 CONWAY, SC 29528	48,179 00
DENMARK-OLAR SCHOOL DISTRICT TWO	P O BOX 345 DENMARK, SC 29042	68,156 00
FAIRFIELD BEHAVIORIAL HEALTH SERVICES	P O BOX 388 WINNSBORO, SC 29180	42,575 00
FATHER TO FATHER PROJECT	4650 SANDERS AVENUE NORTH CHARLESTON, SC 29406	90,232 00
GEORGETOWN COUNTY UNITED WAY, INC	P O BOX 1065 GEORGETOWN, SC 29442-1065	44,441 00
PHILLIS WHEATLEY ASSOCIATES	335 GREENACRE ROAD GREENVILLE, SC 29607	62,967 00
THE LANCASTER FATHERHOOD PROJECT, INC	P O BOX 1896 LANCASTER, SC 29721	47,197 00
WILEY KENNEDY FOUNDATION	1037 EASTMAN STREET COLUMBIA, SC 29203	43,079 00

756,447 00

SOUTH CAROLINA CENTER FOR FATHERS AND FAMILIES

36-4506347

BOARD OF TRUSTEES

2002

WILLIAM R BYARS, JR PRESIDENT
DIRECTOR
CHILDREN'S LAW OFFICE
UNIVERSITY OF SOUTH CAROLINA
CAROLINA PLAZA, 12TH FLOOR
COLUMBIA, SC 29208
803 777 1646, FAX 803 777 8686

SUSANNA H KREY TREASURER
SVP/FOUNDATIONS & MARKETING
CSA HEALTH SYSTEM
2351 E 22ND STREET
CLEVELAND OH 44115
216 875 4609, FAX 216 875 4637

RICK C WADE VICE PRESIDENT
P O BOX 23733
COLUMBIA SC 29244
803 931 0999, FAX 803 931 0994

SR NANCY HENDERSHOT CSA
SISTERS HOME
SISTERS OF CHARITY PROVIDENCE HOSPITALS
2435 FOREST DRIVE
COLUMBIA, SC 29204
803 256 5313 FAX 803 256 5935

THOMAS C KEITH, SECRETARY
EXECUTIVE DIRECTOR
SISTERS OF CHARITY FOUNDATION OF SC
2601 LAUREL STREET, SUITE 250
COLUMBIA, SC 29204
803 254 0230, FAX 803 748 0444

CHRIS HOEFER MYERS
USC DEVELOPMENT
901 SUMTER STREET
COLUMBIA, SC 29208
803 777 9705, FAX 803 777 9708

NONE OF THE ABOVE INDIVIDUALS RECEIVED COMPENSATION FROM THE SOUTH CAROLINA CENTER FOR FATHERS AND FAMILIES DURING 2002 HOWEVER, SUSANNA H, KREY, TREASURER, JOHN T FAULSTICH, ASSISTANT TREASURER AND ROBERT C MAYNARD, ASSISTANT SECRETARY OF THE CENTER FOR FATHERS AND FAMILIES DID RECEIVE COMPENSATION FROM THE SISTERS OF CHARITY OF ST AUGUSTINE HEALTH SYSTEM THOMAS C KEITH SECRETARY OF THE SOUTH CAROLINA CENTER FOR FATHERS AND FAMILIES RECEIVED COMPENSATION FROM THE SISTERS OF CHARITY FOUNDATION OF SOUTH CAROLINA COMPENSATION WAS AS FOLLOWS

	TITLE AND AVG HOURS	COMPENSATION	CONTRIBUTION TO EMPLOYEE BENEFIT DEFERRED COMPENSATION	EXPENSE ACCOUNT OTHER ALLOWANCES
SUSANNA H KREY 2351 E 22ND STREET CLEVELAND OH 44115	TREASURER 40+	\$ 183,001	\$ 25,114	0 00
JOHN T FAULSTICH 2351 E 22ND STREET CLEVELAND, OH 44115	ASSISTANT TREAS 40+	\$ 231,071	\$ 31,551	0 00
ROBERT C MAYNARD 2351 E 22ND STREET CLEVELAND, OH 44115	ASSISTANT SECY 40+	\$ 92,886	\$ 8,394	0 00
THOMAS C KEITH 2601 LAUREL STREET #250 COLUMBIA, SC 29204	SECRETARY 40+	\$ 97,833	\$ 20,006	0 00

2002 SUPPLEMENTARY STATEMENTS

SOUTH CAROLINA CENTER FOR FATHERS AND FAMILIES
 2351 EAST 22ND STREET
 CLEVELAND OH 44115

36-4506347

STATEMENT FORM 990 PART VI

QUESTIONS 80(A) AND 80(B)

SOUTH CAROLINA CENTER FOR FATHERS AND FAMILIES IS RELATED TO THE FOLLOWING ORGANIZATIONS THROUGH COMMON MEMBERSHIP, GOVERNING BODIES, TRUSTEES, OFFICERS, ETC

<u>ORGANIZATION</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
SISTERS OF CHARITY OF ST AUGUSTINE/ ROMAN CATHOLIC CHURCH	X	
SISTERS OF CHARITY OF ST AUGUSTINE HEALTH SYSTEM, INC	X	
CSA HEALTH NETWORK	X	
SISTERS OF CHARITY MINISTRY DEVELOPMENT CORPORATION	X	
CSA MERCY MINISTRIES	X	
CSA ST JOHN MINISTRIES	X	
CSA ST VINCENT MINISTRIES	X	
JOSEPH'S HOME	X	
SISTERS OF CHARITY FOUNDATION OF CANTON	X	
SISTERS OF CHARITY FOUNDATION OF CLEVELAND	X	
SISTERS OF CHARITY FOUNDATION OF SOUTH CAROLINA	X	
SAINT ANN FOUNDATION	X	
SISTERS OF CHARITY PROVIDENCE HOSPITALS	X	
REGINA HEALTH CENTER	X	