

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JAMES ISLAND PRESBYTERIAN FOUNDATION	D Employer identification number 57-0770893
	Doing business as	E Telephone number 843-795-3111
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1632 FT. JOHNSON ROAD	G Gross receipts \$ 792,235.
	City or town, state or province, country, and ZIP or foreign postal code CHARLESTON, SC 29412	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	F Name and address of principal officer: HENRY J MEEUWSE SAME AS C ABOVE	H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: ▶ **JAMESISLANDPRESBYTERIAN.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1984** **M** State of legal domicile: **SC**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION PROVIDES DAYCARE, AFTER SCHOOL AND SUMMER YOUTH CAMP PROGRAMS TO CHILDREN ON JAMES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a) 3		
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4		
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 43		
	6 Total number of volunteers (estimate if necessary) 34		
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h) 52,702.	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g) 793,376.	10,712.	778,125.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -11,714.	3,398.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0.	834,364.	792,235.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 834,364.		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0.	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 572,081.	492,565.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 0.	287,478.	263,711.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 287,478.	859,559.	756,276.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 859,559.	-25,195.	35,959.	
19 Revenue less expenses. Subtract line 18 from line 12 -25,195.			
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 238,316.	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26) 0.	238,316.	286,120.
	22 Net assets or fund balances. Subtract line 21 from line 20 238,316.	0.	0.

Part II Signature Block

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

Sign Here	Signature of officer HENRY J MEEUWSE, EXECUTIVE DIRECTOR	Date			
	Type or print name and title				
Preparer	Print/Type preparer's name STEPHANIE PRITCHETT, CPA	Preparer's signature <i>Stephanie Pritchett</i>	Date 11/5/18	Check if self-employed <input type="checkbox"/>	PTIN P00279801
	Firm's name MOORE BEAUSTON & WOODHAM LLP	Firm's EIN 57-0966291	Firm's address 3520 WEST MONTAGUE AVE STE 201 NORTH CHARLESTON, SC 29418	Phone no. (843) 766-5010	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION