

Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
IRS
PO Box 2508
Cincinnati, OH 45201

Date: May 13, 2022
Person to contact:
Name: Ms. Chung
ID number: 0777227
Telephone: 877-829-5500

SC DHEC
C/O BETH POORE
2100 BULL ST
COLUMBIA, SC 29201

Dear Sir or Madam:

We're responding to your letter dated August 20, 2021, requesting copies of SOUTH CAROLINA IMMUNIZATION COALITION.

Your copies are enclosed.

If you have questions, you can contact the person listed above:

Sincerely,

Stephen A. Martin

Stephen A. Martin

Director, Exempt Organizations

Rulings and Agreements

Enclosure:
Your Copies

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date **FEB 24 2020**

SOUTH CAROLINA IMMUNIZATION
COALITION
7001 ST ANDREWS ROAD
COLUMBIA, SC 29204

Employer Identification Number:
84-3502068

DLN:

2905336338029

Contact Person:

CUSTOMER SERVICE

ID# 31954

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

May 31

Public Charity Status:

170(b)(1)(A) (vi)

Form 990/990-EZ/990-N Required:

Yes

Effective Date of Exemption:

October 24, 2019

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

SOUTH CAROLINA IMMUNIZATION

Sincerely,



Director, Exempt Organizations
Rulings and Agreements

**Power of Attorney
and Declaration of Representative**

Go to www.irs.gov/Form2848 for instructions and the latest information.

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1. Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address
Deborah K. Albano
407 LEAMINGTON WAY
IRMO, SC 29143

Taxpayer identification number(s)
84-3502068

Daytime telephone number
484-264-5398

Plan number (if applicable)

2. Representative(s) must sign and date this form on page 2, Part II. hereby appoints the following representative(s) as attorney-in-fact:

Name and address	CAF No.	PTIN	Telephone No.	Fax No.	Check if new: Address	Telephone No.	Fax No.
Tachyn Chern 1515 SENATE STREET COLUMBIA, SC 29201			803-777-2278		<input type="checkbox"/>		
Amy Douglas 1515 SENATE STREET COLUMBIA, SC 29201			803-777-2278		<input type="checkbox"/>		
Joe Scibelli 1515 SENATE STREET COLUMBIA, SC 29201			803-777-2278		<input type="checkbox"/>		

(Note: IRS sends notices and communications to only two representatives.)
to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3. Acts authorized (you are required to complete this line 3). With the exception of the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts that I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (income, employment, payroll, excise, estate, gift, whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 5000A Shared Responsibility Payment, Sec. 4980H Shared Responsibility Payment, etc.) [see instructions]	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
Tax Matter	1023	2019-2020

4. Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. Specific Use Not Recorded on CAF.

5a. Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):

Access my IRS records via an Intermediate Service Provider;
 Authorize disclosure to third parties;
 Substitute or add representative(s);
 Sign a return;

Other acts authorized:

b Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability. List any other specific delegations to the acts otherwise authorized in this power of attorney (see instructions for line 5b):

6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here

7 Signature of taxpayer. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the legal authority to execute this form on behalf of the taxpayer.

► IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.

Deborah K. Alfano Signature Date *Oct 23 - 2019* *Chun* Title (if applicable)

Deborah K. Alfano

Print Name

Print name of taxpayer from line 1 if other than individual

Part I Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- * I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- * I am subject to regulations contained in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- * I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- * I am one of the following:
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant—a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent—enrolled as an agent by the Internal Revenue Service per the requirements of Circular 230.
 - d Officer—a bona fide officer of the taxpayer organization.
 - e Full-Time Employee—a full-time employee of the taxpayer.
 - f Family Member—a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer: (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.
 - k Qualifying Student—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student working in an LITC or STCP. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

► IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation—insert above letter (a-r)	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)	Signature	Date
a	SC	78312	<i>Deborah K. Alfano</i>	11-4-19
k	SC		<i>Chun</i>	11/11/19
k	SC		<i>Chun</i>	11/11/19

2905333638029

Form 1023

OMB No. 1545-0056
Note: Exempt status is approved; this application will be open for public inspection.

Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form1023 for instructions and the latest information.

Use the instructions to complete this application and for a definition of all bold items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at www.irs.gov for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

Part I Identification of Applicant

1 Full name of organization (exactly as it appears in your organizing document): **South Carolina Immunization Coalition**

2 c/o Name (if applicable):

3 Mailing address (Number and street) (see instructions): **7001 St. Andrews Road**
Room/Suite
City or town, state or country, and ZIP + 4: **Columbia, SC 29204**

4 Employer identification Number (EIN): **84-3502068**

5 Month the annual accounting period ends (01 - 12): **June 1 - May 31**

6 Primary contact (officer, director, trustee, or authorized representative)
a Name: **Jaclyn A. Cherry**
b Phone: **803-777-2278**
c Fax (optional): Yes No

7 Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, *Power of Attorney and Declaration of Representative*, with your application if you would like us to communicate with your representative.
 Yes No

8 Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role.
 Yes No

9a Organization's website:

b Organization's email (optional)

10 Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ.
 Yes No

11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY) **10/24/2019**
 Yes No

12 Were you formed under the laws of a foreign country?
If "Yes," state the country.

For Paperwork Reduction Act Notice, see instructions.

Call No. 1-800-829-1040 Form 1023 (Rev. 12-2017)

POSTMARK
11-20-2019
RECEIVED
11-25-2019
CINCINNATI
SERVICE CENTER

29152019336001

FT

Part II Organizational Structure

You must be a corporation (including a limited liability company), an unincorporated association, or a trust to be tax exempt. See instructions. **DO NOT** file this form unless you can check "Yes" on lines 1, 2, 3, or 4.

- 1 Are you a corporation? If "Yes," attach a copy of your articles of incorporation showing certification of filing with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification. **(Exhibit A)** Yes No
- 2 Are you a limited liability company (LLC)? If "Yes," attach a copy of your articles of organization showing certification of filing with the appropriate state agency. Also, if you adopted an operating agreement, attach a copy. Include copies of any amendments to your articles and be sure they show state filing certification. Refer to the instructions for circumstances when an LLC should not file its own exemption application. Yes No
- 3 Are you an unincorporated association? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures, include signed and dated copies of any amendments. Yes No
- 4a Are you a trust? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments. Yes No
- b Have you been funded? If "No," explain how you are formed without anything of value placed in trust. Yes No
- 5 Have you adopted bylaws? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected. Yes No

Part III Required Provisions in Your Organizing Document

The following questions are designed to ensure that when you file this application, your organizing document contains the required provisions to meet the organizational test under section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. **DO NOT** file this application until you have amended your organizing document. Submit your original and amended organizing documents (showing state filing certification; if you are a corporation or an LLC) with your application.

- 1 Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language.
 - 2a Location of Purpose Clause (Page, Article, and Paragraph): Page 1, Article 2, Section 1 (Exhibit B)
 - 2b Section 501(c)(3) requires that, upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c.
 - b If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a. Page 2, 4(a) (Exhibit A)
 - c See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state.

Part IV Narrative Description of Your Activities

Using an attachment, describe your past, present, and planned activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual compensation, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual salary or estimate)
Demetrius K. Alford	Chair	407 Lexington Way 16 MD, SC 29102	NONE
Hayward E. Harrison	Vice Chair	Friend School of Public Health 111 Lexington St. Columbia, SC 29201	NONE
Rebecca White, MD	Secretary	2701 Woodland Way North Charleston, SC 29405	NONE
Hayden Densmore	Treasurer	320 2nd Ave. South Greenville, SC 29615	NONE

Part IV Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

b List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
N/A			

c List the names, names of businesses, and mailing addresses of your five highest compensated independent contractors that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
N/A			

The following "Yes" or "No" questions relate to past, present, or planned relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

- 2a Are any of your officers, directors, or trustees related to each other through family or business relationships? If "Yes," identify the individuals and explain the relationship. Yes No
- b Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees. Yes No
- c Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship. Yes No

3a For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.

b Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through common control? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement. Yes No

4 In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.

- a Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy? Yes No
- b Do you or will you approve compensation arrangements in advance of paying compensation? Yes No
- c Do you or will you document in writing the date and terms of approved compensation arrangements? Yes No

Name: Saxon Carolina Immigration Center EIN: 41-3502098
Part IV Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

d Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements? Yes No

e Do you or will you approve compensation arrangements based on information about compensation paid by similarly situated taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No

f Do you or will you record in writing both the information on which you relied to base your decision and its source? Yes No

g If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is reasonable for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c. Yes No

5a Have you adopted a conflict of interest policy consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c. **(Exhibit D)** Yes No

b What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation? Yes No

c What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves? Yes No

Note: A conflict of interest policy is recommended through it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.

6a Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No

b Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No

7a Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine that you pay no more than fair market value. Attach copies of any written contracts or other agreements relating to such purchases. Yes No

b Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales. Yes No

8a Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f. Yes No

b Describe any written or oral arrangements that you made or intend to make. Yes No

c Identify with whom you have or will have such arrangements. Yes No

d Explain how the terms are or will be negotiated at arm's length. Yes No

e Explain how you determine you pay no more than fair market value or you are paid at least fair market value. Yes No

f Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements. Yes No

9a Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f. Yes No

Name: South Carolina Immigration Coalition EIN: 84-3501043
Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- b Describe any written or oral arrangements you made or intend to make.
 - c Identify with whom you have or will have such arrangements.
 - d Explain how the terms are or will be negotiated at arm's length.
 - e Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.
- f Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.

Part VI Your Members and Other Individuals and Organizations That Receive Benefits From You

The following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organizations as part of your activities. Your answers should pertain to past, present, and planned activities. See instructions.

- 1 a In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," Yes No describe each program that provides goods, services, or funds to individuals.
- b In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," Yes No "Yes," describe each program that provides goods, services, or funds to organizations.
- 2 Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes" if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program. Yes No

- 3 Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds. Yes No

Part VII Your History

The following "Yes" or "No" questions relate to your history. See instructions.

- 1 Are you a successor to another organization? Answer "Yes" if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to nonprofit status. If "Yes," complete Schedule G. Yes No
- 2 Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E. Yes No

Part VIII Your Specific Activities

The following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate box. Your answers should pertain to past, present, and planned activities. See instructions.

- 1 Do you support or oppose candidates in political campaigns in any way? If "Yes," explain. Yes No
- 2 a Do you attempt to influence legislation? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a. Yes No
- b Have you made or are you making an election to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities. Yes No

- 3 a Do you or will you operate bingo or gaming activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Yes No
- b Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such arrangements. Yes No
- c List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo. Yes No

Part VIII Your Specific Activities (Continued)

4a Do you or will you undertake fundraising? If "Yes," check all the fundraising programs you do or will conduct. See instructions.

- mail solicitations
- phone solicitations
- email solicitations
- accept donations on your website
- receive donations from another organization's website
- personal solicitations
- government grant solicitations
- vehicle, boat, plane, or similar donations
- Other
- foundation grant solicitations

Attach a description of each fundraising program. **(Exhibit E)**

- b** Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements. Yes No
- c** Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements. Yes No
- d** List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you. **(Exhibit E)**
- e** Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors. Yes No

5 Are you affiliated with a governmental unit? If "Yes," explain. Yes No

6a Do you or will you engage in economic development? If "Yes," describe your program. Yes No

b Describe in full who benefits from your economic development activities and how the activities promote exempt purposes. Yes No

7a Do or will persons other than your employees or volunteers develop your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees. Yes No

b Do or will persons other than your employees or volunteers manage your activities or facilities? If "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees. Yes No

c If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements. Yes No

8 Do you or will you enter into joint ventures, including partnerships or limited liability companies treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate. Yes No

9a Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10. Yes No

b Do you provide childcare so that parents or caretakers of children you care for can be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). Yes No

c Of the children for whom you provide childcare, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). Yes No

d Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k). Yes No

10 Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other intellectual property? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed. Yes No

Part VIII Your Specific Activities (Continued)

11 Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution.

Yes No

12a Do you or will you operate in a foreign country or countries? If "Yes," answer lines 12b through 12d. If "No," go to line 13a.

Yes No

b Name the foreign countries and regions within the countries in which you operate.

c Describe your operations in each country and region in which you operate.

d Describe how your operations in each country and region further your exempt purposes.

13a Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a.

Yes No

b Describe how your grants, loans, or other distributions to organizations further your exempt purposes.

c Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract.

Yes No

d Identify each recipient organization and any relationship between you and the recipient organization.

e Describe the records you keep with respect to the grants, loans, or other distributions you make.

Yes No

f Describe your selection process, including whether you do any of the following:

(i) Do you require an application form? If "Yes," attach a copy of the form.

Yes No

(ii) Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused.

Yes No

(iii) Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused.

Yes No

g Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.

Yes No

14a Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14i. If "No," go to line 15.

Yes No

b Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.

Yes No

c Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries.

Yes No

d Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors.

Yes No

e Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information.

Yes No

f Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately.

Yes No

Name: **South Carolina Immunization Coalition** EIN: **84-95021028**

Part VIII Your Specific Activities (Continued)

15 Do you have a close connection with any organizations? If "Yes," explain. Yes No

16 Are you applying for exemption as a cooperative hospital service organization under section 501(e)? If "Yes," explain. Yes No

17 Are you applying for exemption as a cooperative, service organization of operating educational organizations under section 501(f)? If "Yes," explain. Yes No

18 Are you applying for exemption as a charitable risk pool under section 501(g)? If "Yes," explain. Yes No

19 Do you or will you operate a school? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity. Yes No

20 Is your main function to provide hospital or medical care? If "Yes," complete Schedule C. Yes No

21 Do you or will you provide low-income housing or housing for the elderly or handicapped? If "Yes," complete Schedule F. Yes No

22 Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H. Yes No

Note: Private foundations may use Schedule H to request advance approval of individual grant procedures.

Part IX Financial Data

For purposes of this schedule, years in existence refer to completed tax years.

1. If in existence less than 5 years, complete the statement for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of:

- a. Three years of financial information if you have not completed one tax year, or
- b. Four years of financial information if you have completed one tax year. See instructions.

2. If in existence 5 or more years, complete the schedule for the most recent 5 tax years. You will need to provide a separate statement that includes information about the most recent 5 tax years because the data table in Part IX has not been updated to provide for a 5th year. See instructions.

Type of revenue or expense	Current tax year		3 prior tax years or 2 succeeding tax years		(e) Provide Total for (g) through (i)
	(a) From 11/18 To 5/22	(b) From 10/20 To 5/21	(c) From 10/21 To 5/22	(d) From To	
Revenues					
1 Gifts, grants, and contributions received (do not include unusual grants)	5,000.00	75,000.00	150,000.00		
2 Membership fees received	0	0	0		
3 Gross investment income	0	0	0		
4 Net unrelated business income	0	0	0		
5 Taxes levied for your benefit	0	0	0		
6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)	0	0	0		
7 Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)	0	0	0		
8 Total of lines 1 through 7	5,000.00	75,000.00	150,000.00		
9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)	0	4,000	4,000		
10 Total of lines 8 and 9	5,000.00	79,000.00	154,000.00		
11 Net gain or loss on sale of capital assets (attach schedule and see instructions)	0	0	0		
12 Unusual grants	0	0	0		
13 Total Revenue Add lines 10 through 12.	5,000.00	79,000.00	154,000.00		
14 Fundraising expenses	1,000.00	2,000.00	2,000.00		
15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)	0	0	0		
16 Disbursements to or for the benefit of members (attach an itemized list)	0	0	0		
17 Compensation of officers, directors, and trustees	0	0	0		
18 Other salaries and wages	0	20,000.00	40,000.00		
19 Interest expense					
20 Occupancy (rent, utilities, etc.)					
21 Depreciation and depletion					
22 Professional fees					
23 Any expense not otherwise classified, such as program services (attach itemized list)	500.00	2,500.00	2,500.00		
24 Total Expenses Add lines 14 through 23	1,500.00	24,500.00	44,500.00		
Expenses					

Part IX Financial Data (Continued)

B. Balance Sheet (for your most recently completed tax year)

	Year End: (Whole dollars)
Assets	
1 Cash	0
2 Accounts receivable, net	0
3 Inventories	0
4 Bonds and notes receivable (attach an itemized list)	0
5 Corporate stocks (attach an itemized list)	0
6 Loans receivable (attach an itemized list)	0
7 Other investments (attach an itemized list)	0
8 Depreciable and depletable assets (attach an itemized list)	0
9 Land	0
10 Other assets (attach an itemized list)	0
11 Total Assets (add lines 1 through 10)	0
Liabilities	
12 Accounts payable	0
13 Contributions, gifts, grants, etc. payable	0
14 Mortgages and notes payable (attach an itemized list)	0
15 Other liabilities (attach an itemized list)	0
16 Total Liabilities (add lines 12 through 15)	0
Fund Balances or Net Assets	
17 Total fund balances or net assets	0
18 Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)	0
19 Have there been any substantial changes in your assets or liabilities since the end of the period shown above? If "Yes," explain.	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>

Part X Public Charity Status

Part X is designed to classify you as an organization that is either a private foundation or a public charity. Public charity status is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further determine whether you are a private operating foundation. See instructions.

- 1 a. Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. If you are unsure, see the instructions. Yes No
 - b. As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2. Yes No
2. Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI. Yes No
3. Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4. Yes No
4. Have you attached either (1) an affidavit or opinion of counsel (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation? Yes No
5. If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box.

The organization is not a private foundation because it is:

 - a. 509(a)(1) and 170(b)(1)(A)(ii)—a church or a convention or association of churches. Complete and attach Schedule A.
 - b. 509(a)(1) and 170(b)(1)(A)(iii)—a school. Complete and attach Schedule B.
 - c. 509(a)(1) and 170(b)(1)(A)(ii)—a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C.
 - d. 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, h, or i or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D.

Part III Public Charity Status (Continued)

- e 508(a)(4) - an organization organized and operated exclusively for testing for public safety.
- f 508(a)(1) and 170(b)(1)(A)(v) - an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- g 508(a)(1) and 170(b)(1)(A)(ix) - an agricultural research organization directly engaged in the continuous active conduct of agricultural research in conjunction with a college or university.
- h 509(a)(1) and 170(b)(1)(A)(vi) - an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- i 509(e)(2) - an organization that normally receives not more than one-third of its financial support from gross investment income and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- j A publicly supported organization, but unsure if it is described in 5h or 5i. You would like the IRS to decide the correct status.

6 If you checked box h, i, or j in question 5 above, and you have been in existence more than 5 years, you must confirm your public support status. Answer line 6a if you checked box h in line 5 above. Answer line 6b if you checked box i in line 5 above. If you checked box j in line 5 above, answer both lines 6a and 6b.

a (i) Enter 2% of line 8, column (e) on Part IX-A Statement of Revenues and Expenses.
 (ii) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," state this.

b (i) For each year amounts are included on lines 1, 2, and 9 of Part IX-A Statement of Revenues and Expenses, attach a list showing the name and amount received from each disqualified person. If the answer is "None," state this.
 (ii) For each year amounts were included on line 9 of Part IX-A Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of Line 10, Part IX-A Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," state this.

7 Did you receive any unusual grants during any of the years shown on Part IX-A Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual. Yes No

Part IX User Fee Information and Signature

You must include the correct user fee payment with this application. If you do not submit the correct user fee, we will not process the application and we will return it to you. Your check or money order must be made payable to the United States Treasury. User fees are subject to change. Check our website at www.irs.gov and type "Exempt Organizations User Fee" in the search box, or call Customer Account Services at 1-877-829-5500 for current information.
 Enter the amount of the user fee paid: 600.00

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

Please Sign Here
 Deborah K Alfano (Signature of Officer, Director, Trustee, or other authorized official)
 Deborah K Alfano (Type or print name of signer)
 Nov 12 2019 (Date)
 Chair and Incumbator (Type or print title or authority of signer)



UNIVERSITY OF
SOUTH CAROLINA

School of Law

Clinical Law Office

November 21, 2019

Internal Revenue Service
Attention: EO Determination Letters
Stop 31
P.O. Box 12192
Covington, KY 41012-0912

Dear IRS:

Enclosed you will find a completed Application for Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code for the South Carolina Immunization Coalition, EIN #84-3502068. The Application includes a Form 1023, along with six (6) attachments. Also enclosed is a check for \$600.00 to satisfy the user fee for this application.

If you have any questions or comments concerning this application, please do not hesitate to contact Professor Jaelyn Cherry with the University of South Carolina School of Law Nonprofit Clinic at (803)-777-2278.

Sincerely,

Avery Douglas
Student Attorney for
Professor Jaelyn Cherry

Enclosures

Joe Scibelli
Student Attorney for
Professor Jaelyn Cherry

Part II (1) South Carolina Immunization Coalition EIN: 84-3502068
Articles of Incorporation
Exhibit A

File ID: 191024-1152040
Filing Date: 10/24/2019

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF INCORPORATION
Nonprofit Corporation - Domestic
Filing Fee \$25.00

Pursuant to S.C. Code of Laws Section 33-31-202 of the 1976 S.C. Code of Laws, as amended, the undersigned corporation submits the following information

1. The name of the nonprofit corporation is
South Carolina Immunization Coalition
2. The initial registered office (registered agent's address in SC) of the nonprofit corporation is
407 Leamington Way
(Street Address)
IRMO, SC 29063
(City, State, Zip Code)
- The name of the registered agent of the nonprofit corporation at that office is
Deborah K. Alfano
(Name)
Deborah K. Alfano
(Agent's Signature)
3. Check "a", "b", or "c", whichever is applicable. Check only one box.
a. The nonprofit corporation is a public benefit corporation.
b. The nonprofit corporation is a religious corporation.
c. The nonprofit corporation is a mutual benefit corporation.
4. Check "a" or "b" whichever is applicable
a. This corporation will have members.
b. This corporation will not have members.
5. The principal office of the nonprofit corporation is
7001 St. Andrews Rd P.O. Box 326
(Street Address)
Columbia, SC 29212
(City, State, Zip Code)

South Carolina Immunization Coalition

6. If this nonprofit corporation is either a public benefit or religious corporation complete either "a" or "b", whichever is applicable, to describe how the remaining assets of the corporation will be distributed upon dissolution of the corporation. If you are going to apply for 501(c)(3) status, you must complete section "a".

a. Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the Federal government, or to a state or local government, for a public purpose. Any such asset not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

If you choose to name a specific 501(c)(3) entity to which the assets should be distributed, please indicate the name of the selected entity.

[Empty box for entity name]

OR

b. If the dissolved corporation is not described in Section 501(c)(3) of the Internal Code, upon dissolution of the corporation, the assets shall be distributed to one or more public benefit or religious corporation or to one or more of the entities described in (a) above.

If you choose to name a specific public benefit, religious corporation or 501(c)(3) entity to which the assets should be distributed, please indicate the name of the selected entity.

[Empty box for entity name]

7. If the corporation is mutual benefit corporation complete either "a" or "b", whichever is applicable, to describe how the (remaining) assets of the corporation will be distributed upon dissolution of the corporation.

a. Upon dissolution of the mutual benefit corporation, the (remaining) assets shall be distributed to its members, or if it has no members, to those persons to whom the corporation holds itself out as benefiting or serving.

b. Upon dissolution of the mutual benefit corporation, the (remaining) assets, consistent with the law, shall be distributed to

[Empty box for distribution details]

8. The optional provisions which the nonprofit corporation elects to include in the articles of incorporation are as follows (See S.C. Code of Laws Section 33-31-202(c)).

Through charitable means, promote and educate the community about vaccinations to improve immunization rates.

South Carolina Memorization Center

Name of Corporation

9. The name and address of each incorporator is as follows (only one is required, but you may have more than one).

Deborah K Alfano
(Name)
407 Leamington Way
(Business Address)
WMO SC 29163
(City, State, Zip Code)

(Name)

(Business Address)

(City, State, Zip Code)

(Name)

(Business Address)

(City, State, Zip Code)

10. Each original director of the nonprofit corporation must sign the articles but only if the directors are named in these articles.

Deborah K. Alfano
(Name - only if names in articles)
Deborah K Alfano
(Signature of Director)

(Name - only if names in articles)

(Signature of Director)

(Name - only if names in articles)

(Signature of Director)

South Carolina Immunization Coalition

Name of Corporation

11. Each incorporator listed in #9 must sign the articles

Robert K. Johnson
(Signature of Incorporator)

(Signature of Incorporator)

(Signature of Incorporator)

12. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date/time is:

Name of Corporation:

South Carolina Immunization Coalition

501(c)(3) Attachment

If your nonprofit is applying for 501 (c)(3) tax exempt status with the Internal Revenue Service, you must include this attachment with your articles of incorporation. Incorporating as a nonprofit in South Carolina does not ensure tax exempt status. A determination of tax exempt status can only be made by the Internal Revenue Service upon submission of an Application for Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code (Form 1023).

I. Purpose of the Nonprofit Corporation

Notwithstanding any other provisions of these articles, the corporation is organized and operated exclusively for one or more of the following purposes (you may check as many as are applicable):

- Charitable
- Religious
- Educational
- Literary
- Scientific
- Testing for Public Safety
- Fostering National or International Amateur Sports Competition
- Prevention of Cruelty to Animals or Children

II. Prohibited Activities

Notwithstanding any other provisions of these articles, no part of the net earnings of the corporation shall inure to the benefit of or be distributable to, its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article I above. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for political office. Notwithstanding any other provisions of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170 (c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

III. Distributions Upon Dissolution

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code (See Article I above), or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

Part III (1)

Exhibit B

South Carolina Immunization Coalition
ByLAWS

EIN: 84-3502068

BYLAWS

OF

SOUTH CAROLINA IMMUNIZATION COALITION

ARTICLE I

NAME and OFFICES

- Section 1. Name. The name of this corporation is South Carolina Immunization Coalition.
- Section 2. Principal Office. South Carolina Immunization Coalition shall have and continuously maintain its Principal Office as required by the South Carolina Nonprofit Corporation Act of 1994, as amended, at 7001 St. Andrews Rd., Columbia, SC 29212.
- Section 3. Registered Office. In the absence of a contrary designation by the Board of Directors, the Registered Office of South Carolina Immunization Coalition is located at its Principal Office. The Board of Directors may designate an alternate location for the Registered Office.

ARTICLE II

PURPOSE

- Section 1. Purpose. South Carolina Immunization Coalition is incorporated for the following purposes:
 - a) To educate on the importance of vaccines, throughout the community and the United States;
 - b) To promote education and health, through events and general advocating for the use of vaccines;
 - c) To provide support for people in the community and the United States to access vaccines and improve immunization rates.

ARTICLE III

BOARD of DIRECTORS

- Section 1. Authority. The Board of Directors shall oversee the South Carolina Immunization Coalition and maintain its mission.
- Section 2. Qualifications. All Directors shall be natural persons and be at least eighteen (18) years of age. The number of Directors shall be fixed at no less than three members (3) and no more than nine (9) members.

Section 3. Selection of Directors. The initial Board of Directors shall be appointed by the incorporator of South Carolina Immunization Coalition for a term of one (1) year. After the initial term is served, Board members will be elected and serve one (1) year terms. Directors can serve two (2) consecutive terms upon election by the full Board.

Section 4. Resignation of Directors. A Director may resign at any time by delivering written notice to the Board of Directors. A resignation is effective when the notice is received unless the notice specifies a later date. If the resignation is made effective at a later date, the Chair may fill the pending vacancy before the effective date if the Chair provides that the successor does not take office until the effective date.

Section 5. Removal. An elected Director may be removed with cause. Actions that are considered with cause are as the following:

- a) Any criminal charge, misdemeanor or felony.
- b) Not attending two-thirds of a fiscal year's regular meetings.
- c) Violating any duties owed to South Carolina Immunization Coalition

A Director that is removed will have two (2) weeks to give the Board a written appeal. If a written appeal is submitted to the Board of Directors, the appeal will be reviewed at the next Regular Meeting and decided at said meeting.

Section 6. Vacancies. The Chair shall appoint a new individual to the Board of Directors in the event of a vacancy. The new member will serve only the remaining term for the filled office.

Section 7. Annual and Regular Meetings. A Board of Directors annual meeting shall be on the first month of fiscal year, with the purpose of appointing board members, annual organization, officer and committee appointments, voting on a budget for the current year, and any other business transaction. Regular meetings shall be held every other month. Written notice of a meeting must be received by the Directors seven (7) days in advance of the meeting.

Section 8. Special Meetings. Notice of Special Meetings. Special meetings may be called for any lawful purpose of the Chair or a majority of the Directors. The person requesting the special meeting must notify the Chair who will set the date, time, place of the meeting, and give notice to the meeting at least seven (7) days in advance by written or electronic communication.

Section 9. Quorum. A majority of Directors in office shall constitute a quorum for the transaction of business at any Board of Directors meeting. If needed, teleconference board meetings may be held at the request of the Board of Directors. In the absence of a quorum, no formal action shall take place except to adjourn the meeting to subsequent date.

Section 10. Participation by Telecommunication. Any or all Directors may participate in a meeting of the Board by any means of communication by which all Directors participating may simultaneously hear each other during the meeting.

Section 11. Action. The Board of Directors shall adopt a motion with the affirmative vote of a simple majority of Directors participating in a meeting at which a quorum is present.

Section 12. Committees and Committee Meetings. The Board of Directors may designate and delegate authority to one or more committees. Committees may be designated as a standing or ad hoc committee. Committee members may be non-Board members. The duties, constitution, and procedures of any committee shall be prescribed by the Board of Directors. A majority of each committee's voting members shall constitute a quorum for the transaction of business by the committee. Any committee action requires an affirmative vote of a majority of the committee members.

Section 13. Committee Members. The Corporation shall not be governed by members, nor shall members be entitled to vote for the election of Directors, or on any other matters concerning the management, dissolution, or other affairs of the Corporation. All powers, obligation, and rights of members provided by law shall reside in the Board of Directors.

Section 14. Compensation. Directors shall not receive compensation for serving on South Carolina Immunization Coalition's Board of Directors but may be compensated for travel and other expenses.

ARTICLE IV

OFFICERS of the CORPORATION

Section 1. Type and Term. The Officers of South Carolina Immunization Coalition are the Chair, Vice-Chair, Secretary, and Treasurer. Each Officer shall be a Director and shall be elected by the Board of Directors after the initial appointment. Officers serve a term of one (1) year.

Section 2. Duties of Chair. The Chair shall preside at all Board meetings, appoint committee members, and oversee the purpose of South Carolina Immunization Coalition.

Section 3. Duties of Vice-Chair. The Vice-Chair shall perform the duties of the Chair in the absence or inability of the Chair to act and shall assist the Chair in the discharge of the Chair's duties.

Section 4. Duties of the Secretary. The Secretary shall be responsible for the minutes of the Board, keep all approved minutes in a minute book, and send out copies of minutes to all Board members. The Secretary shall be the custodian of the Corporate Seal and affix the Seal to any document requiring it, and to attest to it by signature. The Secretary shall properly keep and file, or cause to be properly kept and filed, the Corporation Act or these Bylaws.

Section 5. Duties of the Treasurer. The Treasurer shall keep record of the organization's budget. The Treasurer shall provide a budget report annually at regularly scheduled meetings to the Board of Directors and shall provide the audited financial state to the Board prior to the Annual Meeting. The Treasurer shall file or cause to be filed all filing required by the Internal Revenue Service.

Section 6. Resignation of Officers. Any officer may resign at any time by giving written notice to the Board of Directors. Any such resignation shall take effect at the time specified, or if no time is specified, upon its acceptance by the Board of Directors.

Section 7. Vacancies. When an officer position becomes vacant, the Board of Directors shall fill the position by appointment. The appointed officer serves the remainder of the term of the officer replaced. After the terms expires, the Board of Directors shall elect a new officer.

ARTICLE V

TRANSACTIONS

Section 1. Contracts. Except as otherwise provided in these Bylaws, the Board may authorize any two (2) or more officers to enter into any contract or to execute or deliver any instrument on behalf of the Corporation, and such authority may be general or confined to specific instances.

Section 2. Deposits. All funds of the Corporation shall be deposited from time to time to the credit of the Corporation in such banks or trust companies or with such bankers or other depositories as the Board may select, or as may be selected by any officer or officers, agents or agents of the Corporation to whom such power may from time to time be given by the Board.

Section 3. Checks, Drafts, Etc. All notes, drafts acceptances, checks, and endorsements or other evidences of indebtedness shall be signed by the Chair or Vice-Chair and by the Secretary or the Treasurer, or in such manner as the Board from time to time may determine, and shall not be held for a period exceeding seven (7) days. Endorsement for deposits or credit to the Corporation in any of its duly authorized depositories will be made by the Chair or Treasurer or by any officer or agent who may be designated by resolution of the Board in such manner as such resolution may provide.

Section 4. Gifts. The Board of Directors may accept on behalf of the Corporation any contribution, gift, bequest, or devise for the general purposes or for any special purpose of the Corporation.

ARTICLE VI

BOOKS and RECORDS

Section 1. Forms and Records. South Carolina Immunization Coalition shall keep a correct and complete copy of the following records at the Corporation's Principal Office:

- a) Its Articles of Incorporation or restated Articles of Incorporation and all amendments to them currently in effect;
- b) Its bylaws or restated bylaws and all amendments to them currently in effect;
- c) Resolutions adopted by the Board relating to the number or classification of Directors; and
- d) A list of the names and business addresses of its current Directors and officers.

Section 2. Audit. The books and records of South Carolina Immunization Coalition shall be audited by the Treasurer, on an annual basis and notice of the results of such audit shall be disclosed at a meeting of the Board of Directors.

ARTICLE VII

GENERAL PROVISIONS

- Section 1. Corporate Seal. The corporate seal shall be in such form as shall be approved from time to time by the Board.
- Section 2. Fiscal Year. The fiscal year of the Corporation shall begin on June 1st and end at midnight on May 31st.
- Section 3. Budget. The Board of Directors shall project revenues and estimate expenditures each year. South Carolina Immunization Coalition's proposed budget must be submitted to the Board of Directors one (1) month before the Annual meeting by the treasurer.
- Section 4. Notice. Waiver of Notice. Whenever any notice is required to be given under the South Carolina Nonprofit Corporation Act, the Articles of Incorporation, or these Bylaws, it may be communicated in person (unless written notice is specifically required), by telephone or other form of wire or wireless communication, or by facsimile transmission, or by mail or private carrier. A Director may waive notice otherwise required by the Act, the Articles of Incorporation, or these Bylaws, before or after the date and time stated in such notice, by delivery of a written waiver of such notice signed by such Director to the Corporation for filing or inclusion with the minutes or corporate records; or, to the extent provided by the Act, by attendance at the meeting to which notice relates.
- Section 5. Amendments to Bylaws. These bylaws may be amended by a majority of the Directors in office at the time the amendment is adopted (provided a quorum is present); provided, however, that at least fourteen (14) days notice in writing shall be given of the intention to amend the bylaws at such meeting; and such notice shall contain or be accompanied by a copy or summary of the amendment or state the general nature of the amendment.
- Section 6. Meeting Regulation. All meetings of the Directors (including annual, special, and other) and of any committee shall be governed by Robert's Rules of Order.

ARTICLE VIII

LIMITATIONS

- Section 1. Acts Not Permitted. South Carolina Immunization Coalition shall not engage in any transaction or permit any act or omission which shall operate to deprive it of tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.
- Section 2. Political Influence. No substantial part of the activities of South Carolina Immunization Coalition shall be the carrying on of propaganda, and shall not otherwise attempt to influence legislation. South Carolina Immunization Coalition shall not participate in, or intervene in, political campaigns on behalf of any candidate for public office.

Section 3. Earnings. No part of the net earnings of South Carolina Immunization Coalition shall inure to the benefit of, or be distributed to any person, except that it is authorized and empowered to pay reasonable compensation for services rendered.

Section 4. Assets. No part of the assets of South Carolina Immunization Coalition shall inure to the benefit of, or be distributed to any person, except that South Carolina Immunization Coalition is authorized and empowered to pay reasonable compensation for services rendered.

ARTICLE IX

DISSOLUTION

Section 1. Dissolution. In the event of the dissolution of South Carolina Immunization Coalition, after all its creditors have been satisfied or adequate provision has been made thereafter, its remaining assets shall be distributed exclusively to charitable, religious, scientific, public safety testing, literary, or education organization that would then qualify under the provisions of Section 501(c)(3) of the Internal Revenue Code or corresponding section as the Internal Revenue Code may be amended.

ARTICLE X

CONFLICT OF INTEREST

Section 1. Conflict of Interest. Any member of the Board who has a financial, personal, or official interest in, or conflict (or appearance of a conflict) with any matter pending before the Board, of such nature that it prevents or may prevent that member from acting on the matter in an impartial manner, will offer to the Board to voluntarily excuse himself or herself and will vacate his or her seat and refrain from discussion and voting on said item. A separate conflict of interest policy shall be established by resolution of the Board. Each board member shall review and sign the policy annually.

ARTICLE XI

INDEMNIFICATION

Section 1. Officer and Director Indemnification. South Carolina Immunization Coalition shall indemnify each person who is a Director, Officer, employee or agent of the Corporation against all cost, expense, and claims in such manner as set forth in and to the fullest extent permitted by the South Carolina Nonprofit Corporation Act.

ARTICLE XII

EMERGENCY BYLAWS

Section 1. Emergency Bylaws. In the event of an emergency, as determined solely by the Chair, decisive action may be taken via telephone. The Chair shall contact the Secretary and Treasurer

who may take only whatever action is required in the face of the emergency and may decide these matters amongst themselves on a majority vote basis. Emergencies, include, but are not limited to, flood, fire, or other unexpected catastrophic events.

ARTICLE XIII

SOUTH CAROLINA LAWS PREVAILS

Section 1. South Carolina Laws Prevails. Under any and all circumstances, the laws of the State of South Carolina apply and shall be adhered to in the business of South Carolina Immunization Coalition and in any future modifications or revisions of these bylaws. If any section or heading is deemed unlawful, the remainder shall be legally valid.

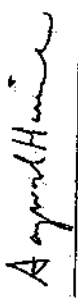
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ARTICLE XIV
ADOPTION OF BYLAWS

These bylaws were adopted by the Board of Directors of South Carolina Immunization Coalition
on the 13 day of November, 2019.


Chair

South Carolina Immunization Coalition


Vice Chair

South Carolina Immunization Coalition

Part IV Narrative Description of Activities
Exhibit C

I. Present Day South Carolina Immunization Coalition

South Carolina Immunization Coalition is a group of healthcare providers, public health and community stakeholder whose mission is to serve as a catalyst to leverage, promote and improve individual and public health for all through immunization best practices, education, advocacy and statewide partnership with existing coalitions and organizations.

South Carolina Immunization Coalition's vision is to improve immunizations rates across the life span for all South Carolina citizens. Expanding on origin, we aim to increase rates for all ages and to advocate for all vaccines.

South Carolina Immunization Coalition's mission is to exist to reduce the spread of Vaccine Preventable Diseases and improve the quality of health and life for South Carolina. South Carolina Immunization Coalitions will help to make immunization a health priority and thus improving the blanket of vaccine protection and increase the rates.

As can be seen in the attached DHEC South Carolina Immunization Fact Sheet (Attachment 1), South Carolina is below national rates of vaccines. Our mission is to increase the immunizations rates within the State of South Carolina and in turn increase the rates throughout the United States.

South Carolina Immunization Coalition will help all people, of every age, gender, and race, and aid all who provide immunization education and administration influence the use of vaccines.

South Carolina Immunization Coalition's goals are the following: Leverage and improve existing immunization initiatives and collaborations; initiate new strategies and promote activities to increase public awareness of vaccines value.

II. The Future of South Carolina Immunization Coalition

South Carolina Immunization Coalition will be supported by contributions from grants, individuals, foundations, community organizations, and local, state and federal governments. All contributions are tax deductible to the extent allowed by law under IRC.

In South Carolina Immunization Coalition's first year, we hope to accomplish the following: with the board's approval establish official goals and obtain funding; establish a three

South Carolina Immunization Coalition

EIN: 84-3502068

to four-year Plan of Action were we work to leverage and complement existing initiatives; apply for new grants and fundraising; actively seek donations; establish a budget for the coming years; and address board needs to expand influence such as appointing directors

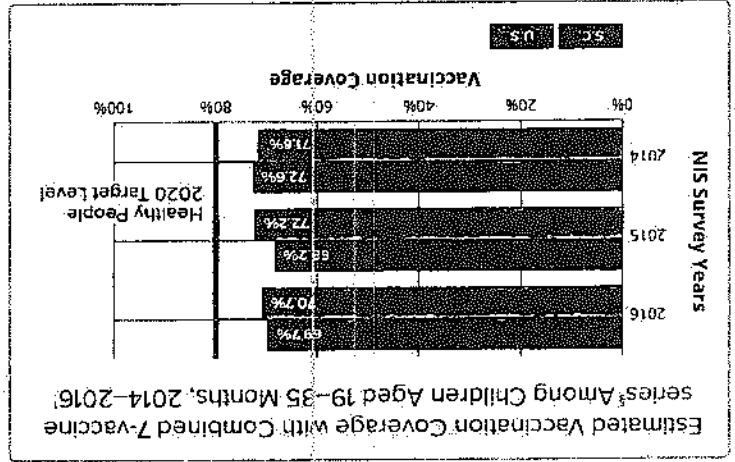
In South Carolina Immunization Coalition's second year we hope to accomplish the following: hire a director(s); launch grant initiatives; sponsor or host think-groups or conferences to address immunization rates; meet fundraising objectives; and evaluate future projections for years to come.

III. Past of South Carolina Immunization Coalition

The South Carolina Immunization Coalition began in 2015 as a branch of the South Carolina Alliance of Health Plan, led by a Quality Specialist at the Carolina Center for Medical Excellence.

The South Carolina Immunization Coalition was also influenced The South Carolina Adolescent Immunization Task Force, where the goal is to recognize and improve adolescent vaccine rates while building strong connections and relationships across the state of South Carolina.

Childhood Coverage Rates



*The combined 7-vaccine series includes 24 doses of DTP, 23 doses of Polio, 21 dose of measles-containing vaccine, Hib full series, 23 HepB, 21 Var, and 24 PCV.

Coverage rates for children 19-35 months of age are slightly below national rates. However, over 94.5 percent of kindergarten children were up to date with their vaccinations for the 2017-18 school year.

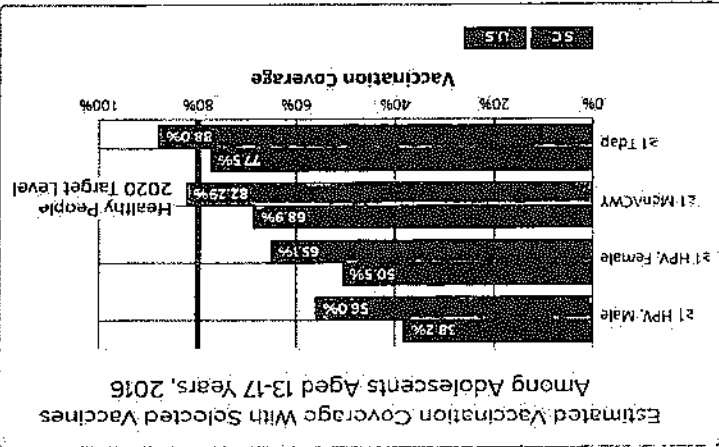
Statewide Immunization Exemption Rates*

School Year	Total Enrollment	Medical Exemptions	Religious Exemptions
2015-2016	785,795	0.24%	0.87%
2016-2017	789,405	0.17%	1.02%
2017-2018	798,558	0.15%	1.18%

* All public & private schools

- References:**
1. NIS Children: <http://www.cdc.gov/vaccines/imz-managers/monitoring/nischild/>
 2. Annual DHCC Kindergarten Audit
 3. DHCC School Vaccine 45-Day Report
 4. NIS Teen Data: <http://www.cdc.gov/vaccines/imz-managers/teen/index.html>
 5. FluVaxView Interactive: <http://www.cdc.gov/flu/flu/vaxview/interactive.htm>

Adolescent Coverage Rates*



South Carolina has lower coverage estimates than national rates for all ACIP recommended adolescent vaccines.

Influenza Vaccination Rates*

- 47.4 percent of eligible South Carolinians age 6 months and older were vaccinated for flu.
 - 55.5 percent of children age 6 months-17 years were vaccinated for flu.
 - 69.9 percent of adults age 65 years and older were vaccinated for flu.
- * During the 2016-17 flu season.

Abbreviations:

DTP - diphtheria, tetanus toxoids, and acellular pertussis vaccine (includes children who might have been vaccinated with diphtheria and tetanus toxoids vaccine, or diphtheria, tetanus toxoids, and acellular pertussis vaccine); Hib - heptavalent B vaccine; reduced and acellular pertussis; MenACWY - meningococcal conjugate; HPV - human papilloma virus; ACIP - Advisory Committee on Immunization Practices

South Carolina Immunization Coalition

Exhibit D

SOUTH CAROLINA IMMUNIZATION COALITION
CONFLICT OF INTEREST POLICY

ARTICLE I
Purpose

The purpose of the conflict of interest policy is to protect this tax-exempt organization's (South Carolina Immunization Coalition) interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of South Carolina Immunization Coalition or might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

ARTICLE II
Definitions

1. **Interested Person**
Any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.
2. **Financial Interest**
A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:
 - a) An ownership or investment interest in any entity with which the South Carolina Immunization Coalition has a transaction or arrangement.
 - b) A compensation arrangement with the South Carolina Immunization Coalition or with any entity or individual with which the South Carolina Immunization Coalition has a transaction or arrangement, or
 - c) A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the South Carolina Immunization Coalition is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. Under Article III, Section 2, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

ARTICLE III
Procedures

1. **Duty to Disclose**
In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to

the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement.

2. Determining Whether a Conflict of Interest Exists

After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

3. Procedures for addressing the Conflict of Interest

a) An interested person may make a presentation at the governing board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.

b) The chairperson of the governing board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.

c) After exercising due diligence, the governing board or committee shall determine whether the South Carolina Immunization Coalition can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.

d) If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in South Carolina Immunization Coalition's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement.

4. Violations of the Conflicts of Interest Policy

a) If the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.

b) If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

ARTICLE IV Records of Proceedings

The minutes of the governing board and all committees with board delegated powers shall contain:

a) The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.

b) The names of the persons who were present for the discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the

proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

ARTICLE V
Compensation

- a) A voting member of the governing board who receives compensation, directly, or indirectly, from the South Carolina Immunization Coalition for services is precluded from voting on matters pertaining to that member's compensation.
- b) A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the South Carolina Immunization Coalition for services is precluded from voting on matters pertaining to that member's compensation.
- c) No voting member of the governing board or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the South Carolina Immunization Coalition, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

ARTICLE VI
Annual Statements

Each director, principal officer and member of a committee with governing board delegated powers shall annually sign a statement which affirms such person:

- a) Has received a copy of the conflicts of interest policy,
- b) Has read and understands the policy,
- c) Has agreed to comply with the policy, and
- d) Understands the South Carolina Immunization Coalition is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

ARTICLE VII
Periodic Reviews

To ensure the South Carolina Immunization Coalition operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- a) Whether compensation arrangements and benefits are reasonable, based on competent survey information, and the result of arm's length bargaining.
- b) Whether partnerships, joint ventures, and arrangements with management organizations conform to the South Carolina Immunization Coalition's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

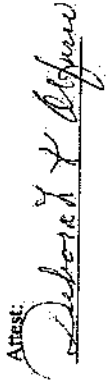
ARTICLE VIII
Use of Outside Experts

When conducting the periodic reviews as provided for in Article VII, the South Carolina Immunization Coalition may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the governing board of its responsibility for ensuring periodic reviews are conducted.

ARTICLE IX
Adoption

This Conflict of Interest Policy was adopted by the Board of Directors of the South Carolina Immunization Coalition effective the 12 day of November, 2019.

Attest:



South Carolina Immunization Coalition,
EIN: 84-3502068

Part V(S)(a) Conflict of Interest Policy
Exhibit D (cont)

As the Chair and the Incorporator, South Carolina Immunization Coalition adopted its Conflict of Interest Policy on November 12, 2019. All members of the board reviewed the document.

South Carolina Immunization Coalition
EIN: 84-3502068

Part VIII(4)(a) & (d) Specific Activities

Exhibit E:

South Carolina Immunization Coalition has already spoken to governmental agencies such as DHEC to receive government funding and plans on to solicit funds from private foundations and individuals.

South Carolina Immunization Coalition will conduct fundraising all throughout the State of South Carolina and we will only be fundraising for this organization.

South Carolina Immunization Coalition
EIN: 84-3502068

Part IV(23) Financial Explanation

Exhibit F

Expense in Part IX, question 23, the expense will be to cover travel of Board Members to and from meetings or fundraising events.