

Palmetto Leadership Institute Annual Board Meeting Agenda
Date: October 29, 2023
Time: 12:30 pm - 1:15 pm
Location: 2040B South Church Street Ext, Spartanburg, SC 29306
Virtual: RingCentral (Invitation will be sent 15 minutes prior to meeting)

Agenda

Call to Order

Opening Remarks (2 minutes)

Roll Call

Verification of Quorum (1 minute)

Approval of Previous Meeting Minutes

Vote (2 minutes) New Chairman and Resolutions

Annual Fiduciary Agent Report by Jermaine Eric Whiteside of E-Vision Project Development Corporation

Financial Report As of 10/27/2023 (5 minutes)

Successes and Failures for Fiscal Year 2023 (5 minutes)

Recommendations for 2024 (3 minutes)

Financial Highlights and Projections

Donations and Expenses (2 minutes)

Balance Sheet Changes (2 minutes)

Exit Strategy if PLI is Unsuccessful in 2024

Presentation and Vote (3 minutes)

Board Responsibility Policy

Review and Enforcement Discussion (2 minutes)

New Business

Recruitment of New Board Members (2 minutes)

Upcoming Grant Submissions (2 minutes)

Founder's Closing Statement

(2 minutes)

Questions and Answers

(Limited time, 5 minutes)

Adjournment

Vote to adjourn (1 minute)

Note: All board members are responsible for reviewing board package materials prior to the meeting. Due to time constraints, there will be limited time for Q&A. A video summary of Board Meeting Highlights will be prepared and displayed on the PLI website for members to review before the meeting.

Thank you for your time and commitment to the Palmetto Leadership Institute.

Palmetto Leadership Institute Annual Fiduciary Agent Report for Fiscal Year 2023

Prepared By: Jermaine Eric Whiteside

Position: Fiduciary Agent, E-Vision Project Development Corporation

Failures:

Management Meetings: Lack of regular meetings with Chairman Juan Garcia.

Leadership Development: Needs to be more structured training for Chairman Garcia.

Communication Tools: Failed to establish RingCentral as the standard communication medium for board members.

Advisory Board: Inability to constitute a competent board of advisors.

Board Engagement: Minimal involvement from current board of directors and advisors.

Board Responsibility Policy: Unenforced policy regarding the \$1,000 annual contributions from board members.

Fundraising: Ineffective fundraising campaigns.

Time Dedication: Insufficient focus on PLI business activities.

Cash Flow Communication: Failed to communicate cash flow issues.

Board Recruitment: Inadequate efforts in recruiting aligned board members.

Regular Checks: Neglected PLI email and phone.

Grant Follow-Up: Missed opportunity with Southeastern Crescent Regional Commission Grant.

Regulatory Compliance: We need to address SC Secretary of State's rejections of the Annual Financial Report—potential \$2,000 Administrative Fine. Currently requesting waiver since 2021 IRS 990 Submitted. Recommended IRS 990-EZ filing mandatory regardless of income under \$50,000 to avoid review from SC Secretary of State. The conflict is stated in the Email sent to the Board of Directors and SC Charities Director Kim Wickersham, dated May 5, 2023. Subject Request for Full Waiver of Administrative Fee Assessment for Charity ID C88799750 - Palmetto Leadership Institute

Financial Obligations: Failed to maintain SBA EDIL Loan payments.

Sponsorships: Lack of sponsorships for PLI programs like Blue Initiative and MEP.

Successes:

Business Plan: Completed the Palmetto Leadership Institute Business Plan within the 15-day notice period.

Tax Compliance: Prepared and submitted the IRS 990-EZ for 2021, which was approved.

Strategic Transition: New Transition Plan for 2024 focused on grant submissions and resource allocation.

Human Capital: Recruited new board members aligned with PLI's mission.

Financial Report as of October 27, 2023:

Donations: \$548.00

Thomas Clark: \$100 (One-Time)

Dyanne Lyles: \$250 (Monthly Plan)

James Mitchell Jr: \$200 (One-Time)

Donation Decline: 51% down from 2022

Expenses: \$333, down by 99.4% compared to 2022

Out-of-Pocket Payments: Rent, website maintenance, phone, and subscriptions paid by Jermaine Whiteside and Jack Bryant.

Asset Changes: Transfer of 2032 S. Church Street Ext property reduced assets by 69.51%, current assets at \$53,290.37.

Recommendations for 2024:

- ✓ Establish clear communication channels and meeting schedules.
- ✓ Revisit fundraising strategies and board engagement policies.
- ✓ Regularly review financial reports to make data-driven decisions.
- ✓ Increase focus on grant applications and sponsorship for funding.
- ✓ Improve accountability for regulatory and financial obligations.
- ✓ The findings and recommendations in this report should guide our strategy for 2024 to help PLI recover from the setbacks of 2023 and align more closely with its mission and objectives.

Exit Strategy for Palmetto Leadership Institute (PLI)

Scenario: *Failure to Obtain Required Funding for 2024-25*

Exit Plan

If Palmetto Leadership Institute is unsuccessful in obtaining the necessary funding to execute its 2024 business plan, the following exit strategy will be activated:

Notification of Board and Stakeholders: An emergency board meeting will be convened to notify all stakeholders of the impending dissolution.

Financial Audit: A final financial audit will be conducted to account for all assets and liabilities.

Notification of Regulatory Bodies: The IRS and other relevant government agencies will be informed of the dissolution of PLI in compliance with federal and state regulations.

Debt Settlement: All outstanding debts and obligations will be settled to the extent possible with the available assets.

Asset Liquidation: Remaining assets, both tangible and intangible, will be identified and valued.

Asset Transfer: According to PLI's 501(c)(3) dissolution requirements, all remaining assets will be transferred to Anointed Connect Church Inc, an IRS-approved 501(c)(3) organization. This transfer will comply with all legal stipulations governing the dissolution of nonprofit organizations.

Legal Filings: All required legal filings, including the final tax returns, will be prepared and submitted to the IRS and the state's division of charitable activities, as applicable.

Public Announcement: A formal announcement regarding the dissolution will be made to inform all donors, members, volunteers, and the community, ensuring full transparency.

Closure: All remaining activities, including the deactivation of PLI's website, social media channels, and other public-facing platforms, will be executed.

Documentation: All records related to the dissolution will be maintained as required by law, including board meeting minutes, financial records, and asset transfer documentation.

By adhering to this exit strategy, PLI aims to ensure an orderly and compliant dissolution process that respects the interests of all its stakeholders.

Authorizing Signatures:

John Bryant, Chairman

Jermaine Eric Whiteside, Fiduciary Agent

Date: October 29,2023

As the Founder of Palmetto Leadership Institute, I acknowledge and accept full responsibility for the organization's failure to achieve its stated objectives as of this date. While our mission was noble and the needs, we sought to address are indeed urgent, the responsibility for not meeting our goals lies with me. It is a failure that I deeply regret, and I am committed to learning from this experience to ensure that future endeavors are more successful. I extend my heartfelt thanks to everyone who has supported us in this journey and apologize for not meeting the expectations set forth.

Respectfully Submitted,

Jermaine Eric Whiteside
Fiduciary Agent, Palmetto Leadership Institute
E-Vision Project Development Corporation

PALMETTO LEADERSHIP INSTITUTE

Profit and Loss Comparison

October 26, 2023

		TOTAL	
	OCT 26, 2023	OCT 26, 2022 (PY)	% CHANGE
Income			
4010 Donation and Grants- Individuals			
4010.2 Directors	250.00		
Total 4010 Donation and Grants- Individuals	250.00		
Total Income	\$250.00	\$0.00	0.00%
GROSS PROFIT	\$250.00	\$0.00	0.00%
Expenses			
Total Expenses			0.00%
NET OPERATING INCOME	\$250.00	\$0.00	0.00%
NET INCOME	\$250.00	\$0.00	0.00%

PALMETTO LEADERSHIP INSTITUTE

Balance Sheet

As of September 30, 2023

	TOTAL		
	AS OF SEP 30, 2023	AS OF SEP 30, 2022 (PY)	% CHANGE
ASSETS			
Current Assets			
Bank Accounts			
1010 Business Accounts	388.15	388.15	0.00 %
1010.1 [Closed]Bank of America Operating x3152	0.00	-9,451.37	100.00 %
1010.2 PayPal Bank	200.00	200.00	0.00 %
1013.3 Deposit Acct BOA (2686)	103.95	-29.65	450.59 %
1013.4 Expense Acct QB Checking	-27.98		
Total 1010 Business Accounts	664.12	-8,892.87	107.47 %
TD BUSINESS SIMPLE CHECKING (0103)	0.00	0.00	
Total Bank Accounts	\$664.12	\$ -8,892.87	107.47 %
Accounts Receivable			
1100 Accounts Receivable (A/R)	260.00	260.00	0.00 %
Total Accounts Receivable	\$260.00	\$260.00	0.00 %
Other Current Assets			
1030 Investment Accounts			
1030.1 Edward Jones x2614	0.00	0.00	
Total 1030 Investment Accounts	0.00	0.00	
1400 Donated Assets	30.63	127.65	-76.00 %
1410 Undeposited Funds	0.00	0.00	
Total Other Current Assets	\$30.63	\$127.65	-76.00 %
Total Current Assets	\$954.75	\$ -8,505.22	111.23 %
Fixed Assets			
1500.1 ALPHA 1080X Street Light #1	179.98	179.98	0.00 %
1500.10 4K HDMI Cable #1	19.98	19.98	0.00 %
1500.11 Desk #2	299.98	299.98	0.00 %
1500.12 Desk #3	299.98	299.98	0.00 %
1500.14 Full Motion TV Wall Mount	23.96	23.96	0.00 %
1500.15 Wireless Keyboard Mouse Combo	29.99	29.99	0.00 %
1500.16 Nest X Yale Lock	279.99	279.99	0.00 %
1500.2 Igloohome Smart Padlock	219.98	219.98	0.00 %
1500.29 Alpha 1080X Solar Street #7	79.99	79.99	0.00 %
1500.3 ALPHA 1080X Street Light #2	179.98	179.98	0.00 %
1500.30 Alpha 1080X Solar Street Light # 8	79.99	79.99	0.00 %
1500.31 Alpha 1080X Solar Street #9	79.99	79.99	0.00 %
1500.32 Alpha 1080X Solar Street #10	79.99	79.99	0.00 %
1500.4 ALPHA 1080X Street Light #3	179.98	179.98	0.00 %
1500.5 ALPHA 1080X Street Light #4	259.97	259.97	0.00 %
1500.6 Desk #1	299.98	299.98	0.00 %

PALMETTO LEADERSHIP INSTITUTE

Balance Sheet

As of September 30, 2023

	TOTAL		
	AS OF SEP 30, 2023	AS OF SEP 30, 2022 (PY)	% CHANGE
1500.7 PowerStation Power	149.98	149.98	0.00 %
1500.8 MM TLT Mount TV	49.98	49.98	0.00 %
1500.9 MM TLT Mount TV #2	49.98	49.98	0.00 %
1510.1 Jean Paul USA CL-300 Student Clarinet	199.95	199.95	0.00 %
1520.1 Lenovo Tab M8 Tablet 3	96.29	96.29	0.00 %
1520.10 HP 22-c0073w 21.5in All in One PC	364.99	364.99	0.00 %
Original cost	364.99	364.99	0.00 %
Total 1520.10 HP 22-c0073w 21.5in All in One PC	729.98	729.98	0.00 %
1520.12 10-inch Ring Light with Adjustable Tripod Stand	63.96	63.96	0.00 %
1520.13 Apple MacBook Air	494.00	494.00	0.00 %
1520.14 Dell 515DW Copier/Printer	250.00	250.00	0.00 %
1520.15 Dell OptiPlex 9020-SFF	259.00	259.00	0.00 %
Original cost	259.00	259.00	0.00 %
Total 1520.15 Dell OptiPlex 9020-SFF	518.00	518.00	0.00 %
1520.16 Dell OptiPlex 9020-SFF 2	259.00	259.00	0.00 %
Original cost	259.00	259.00	0.00 %
Total 1520.16 Dell OptiPlex 9020-SFF 2	518.00	518.00	0.00 %
1520.17 4K Webcam with Microphone	49.99	49.99	0.00 %
1520.18 Dell P21G #1	3,162.40	3,162.40	0.00 %
1520.2 Lenovo Tab M8 Tablet, 8" HD	89.99	89.99	0.00 %
1520.20 Lenovo IdeaPad 1 14 14.0" Laptop, 14.0" HD	255.99	255.99	0.00 %
1520.21 Fire 7 Kids Tablet, 7" Display, ages 3-7, 16 GB, Purple Kid-Proof Case	59.99	59.99	0.00 %
1520.22 2020 Apple Mac Mini with Apple M1 Chip (8GB RAM, 256GB SSD Storage)	659.00	659.00	0.00 %
1520.23 100W Bluetooth Speaker, ABRAMTEK E600	179.00	179.00	0.00 %
1520.24 TCL 32 720P Smart TV	129.99	129.99	0.00 %
1520.26 Wireless Microphone System, Phenyx Pro 4-Channel UHF C	203.29	203.29	0.00 %
1520.27 Lenovo Thinkpad T430 Built Business Laptop Computer	318.07	318.07	0.00 %
1520.28 Dell Latitude Xtreme #2	790.60	790.60	0.00 %
1520.29 Dell Latitude Xtreme #1	790.60	790.60	0.00 %
1520.30 HP Pavilion 22 Monitor #4	134.99	134.99	0.00 %
1520.31 HP Pavilion 22 Monitor #3	134.99	134.99	0.00 %
1520.32 HP Pavilion 22 Monitor #2	134.99	134.99	0.00 %
1520.33 HP Pavilion 22 Monitor #1	134.99	134.99	0.00 %
1520.5 Lenovo Tab M10 Plus, 10.3" FHD	159.43	159.43	0.00 %
1520.7 Lenovo Thinkpad T430S#2	299.99	299.99	0.00 %
1520.8 Brother Printer/ Copier	395.89	395.89	0.00 %
1520.9 Dell 515Dw Printer	250.00	250.00	0.00 %
1530.1 EYE Hub Mobile Office	1,200.00	1,200.00	0.00 %
1540.1 S CHURCH ST	0.00	130,947.92	-100.00 %
1540.2 20x20 Shipping Container Office	32,552.06	32,552.06	0.00 %

PALMETTO LEADERSHIP INSTITUTE

Balance Sheet

As of September 30, 2023

	TOTAL		
	AS OF SEP 30, 2023	AS OF SEP 30, 2022 (PY)	% CHANGE
1550 Sigineer Power 48V 6000W	1,679.00	1,679.00	0.00 %
1556 LENOVO ThinkPad E15	1,480.32	1,480.32	0.00 %
1557 AMPLIFI WI-FI	776.23	776.23	0.00 %
1558 Sono2 Arc3 Speaker Set	300.00	300.00	0.00 %
Original cost	300.00	300.00	0.00 %
Total 1558 Sono2 Arc3 Speaker Set	600.00	600.00	0.00 %
Total Fixed Assets	\$52,335.62	\$183,283.54	-71.45 %
TOTAL ASSETS	\$53,290.37	\$174,778.32	-69.51 %
LIABILITIES AND EQUITY			
Liabilities			
Current Liabilities			
Accounts Payable			
2000 Accounts Payable (A/P)	798.66	633.42	26.09 %
2002 BOA Account Recovery	61.80		
Total Accounts Payable	\$860.46	\$633.42	35.84 %
Other Current Liabilities			
2700.1 SBA Disaster Loan Payable (deleted)	0.00	2,489.00	-100.00 %
Total Other Current Liabilities	\$0.00	\$2,489.00	-100.00 %
Total Current Liabilities	\$860.46	\$3,122.42	-72.44 %
Long-Term Liabilities			
2001 Dell Leasing	4,864.53	-302.47	1,708.27 %
SBA EDIL Loan	80,789.00	78,500.00	2.92 %
Total Long-Term Liabilities	\$85,653.53	\$78,197.53	9.53 %
Total Liabilities	\$86,513.99	\$81,319.95	6.39 %
Equity			
3010 Opening Balance Equity	-104,776.65	22,414.26	-567.46 %
3020 Retained Earnings	71,508.36	141,888.24	-49.60 %
Net Income	44.67	-70,844.13	100.06 %
Total Equity	\$ -33,223.62	\$93,458.37	-135.55 %
TOTAL LIABILITIES AND EQUITY	\$53,290.37	\$174,778.32	-69.51 %

Form **990EZ**

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
DELTA BETA LAMBDA FOUNDATION

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
2040B SOUTH CHURCH STREET EXT

City or town, state or province, country, and ZIP or foreign postal code
SPARTANBURG, SC 29306

D Employer identification number
26-1992363

E Telephone number
(864) 704-2311

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

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

I Website: ▶ <https://palmettoleadership.org>

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 41,823

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

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	32,573
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	250
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	250
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	9,000	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	41,823	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	2,895
	14	Occupancy, rent, utilities, and maintenance	14	4,799
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	24,621
17	Total expenses. Add lines 10 through 16 ▶	17	32,315	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,508
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	139,843
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-2,178
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	147,173

Part II Balance Sheets(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	5,658	22 517
23 Land and buildings	130,947	23 130,947
24 Other assets (describe in Schedule O)	7,549	24 15,709
25 Total assets	144,154	25 147,173
26 Total liabilities (describe in Schedule O).	4,311	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	139,843	27 147,173

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 To prepare free-market young leaders in business management, technology efficiency, and leadership through knowledge generation that improves free enterprise opportunities, student achievement, and financial success.
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Blue Initiative Program 2032 S Church St Site Approval Process Completed (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	359
29 SBA EDIL Grant (Grants \$ 9,000) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 PLIKids After School Program (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	1,071
MEP -Minority Empowerment Program (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		500
Concept Nerds Training Program (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		636
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	2,566

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated ; see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOHN LEWIS BOARD MEMBER	1.00	0	0	0
E-VISION PROJECT DEVELOPMENT CORPORATION	12.00	0	0	0
JERMAINE E WHITESIDE				
JUAN GARCIA CHAIRMAN OF BOARD	5.00	0	0	0
JAMES MITCHELL JR BOARD MEMBER	0.00	0	0	0
DYANNE LYLES BOARD MEMBER	1.00	0	0	0
JOHN BRYANT BOARD MEMBER	5.00	0	0	0
JOEY ADAMS BOARD MEMBER	0.00	0	0	0
VAN E STAGGS JR BOARD MEMBER	0.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		No
41	List the states with which a copy of this return is filed. ▶ SC		
42a	The organization's books are in care of ▶ PALMETTO LEADERSHIP INSTITUTE Telephone no. ▶ (864) 704-2311 Located at ▶ 2040B SOUTH CHURCH STREET EXT SPARTANBURG , SC ZIP + 4 ▶ 29306		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____	42b	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	No

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	No
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	No
b If "Yes," was the related organization a section 527 organization?	49b	No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 **0**

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
E-VISION PROJECT DEVELOPMENT CORPORATION 2040B SOUTH CHURCH STREET EXT SPARTANBURG, SC 29306	PROJECT MANAGEMENT	4,800

d Total number of other independent contractors each receiving over \$100,000. **0**

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A **Yes** **No**

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

Sign Here	***** Signature of officer	2022-01-07 Date
	JERMAINE ERIC WHITESIDE FIDUC AGENT - EVISION PROJ DEV CORP Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Department of the Treasury
Name of the organization
DELTA BETA LAMBDA FOUNDATION

Employer identification number
26-1992363

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 [X] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [] A school described in section 170(b)(1)(A)(ii).
3 [] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 [] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 [] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 [] A community trust described in section 170(b)(1)(A)(vi).
9 [] An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture.
10 [] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 [] An organization organized and operated exclusively to test for public safety.
12 [] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a [] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e [] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations 0

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Total row shows 0 in columns (i), (v), and (vi).

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
	11a		
b	A family member of a person described in 11a above?		
	11b		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		
	11c		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) :		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
	2a		
b	Did the activities described in line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8
9 Distributable amount for 2021 from Section C, line 6	9
10 Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization DELTA BETA LAMBDA FOUNDATION

Employer identification number 26-1992363

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
DELTA BETA LAMBDA FOUNDATION

Employer identification number
26-1992363

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ORCHID FARM LLC 2040 SOUTH CHURCH STREET EXT SPARTANBURG, SC 29306	\$ 9,747	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
2	EWTECHNERD LLC 2040B SOUTH CHURCH STREET SPARTANBURG, SC 29306	\$ 12,728	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>

Name of organization DELTA BETA LAMBDA FOUNDATION	Employer identification number 26-1992363
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
-	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
-	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
-	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
-	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
-	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>

Name of organization DELTA BETA LAMBDA FOUNDATION	Employer identification number 26-1992363
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury

Internal Revenue Service
DELTA BETA LAMBDA FOUNDATION

Employer identification number

26-1992363

Return Reference	Explanation
Part I, Line 16	Advertising & Marketing \$3462.39 Bank Charges & Fees \$67 Quickbooks Payment Fees \$11.85 Dues & Subscriptions \$577.71 Contractors- \$4800.00 Program Supplies \$22.34 Legal & Professional Services \$2895 Office Supplies & Software \$3942.81 Repairs & Maintenance \$157.63 Taxes & Licenses \$291.72 Utilities \$749.44 General Program Expenses \$2067.63 Charitable Contributions \$1462.35
Part I, Line 20	Assets sold or transferred
Part I, Line 8	SBA EDIL Grant
Part II, Line 24	1500.1 ALPHA 1080X Street Light #1 179.98 1500.10 4K HDMI Cable #1 19.98 1500.11 Desk #2 299.98 1500.12 Desk #3 299.98 1500.14 Full Motion TV Wall Mount 23.96 1500.15 Wireless Keyboard Mouse Combo 29.99 1500.16 Nest X Yale Lock 279.99 1500.2 Igloohome Smart Padlock 219.98 1500.3 ALPHA 1080X Street Light #2 179.98 1500.4 ALPHA 1080X Street Light #3 179.98 1500.5 ALPHA 1080X Street Light #4 179.98 1500.6 Desk #1 299.98 1500.7 PowerStation Power 149.98 1500.8 MM TLT Mount TV 49.98 1500.9 MM TLT Mount TV #2 49.98 1510.1 Jean Paul USA CL-300 Student Clarinet 199.95 1520.1 Lenovo Tab M8 Tablet 3 96.29 1520.10 HP 22-c0073w 21.5in All in One PC 364.99 Original cost 364.99 Total 1520.10 HP 22-c0073w 21.5in All in One PC 729.98 1520.12 10-inch Ring Light with Adjustable Tripod Stand 63.96 1520.13 Apple MacBook Air 494.00 1520.14 Dell 515DW Copier/Printer 250.00 1520.15 Dell OptiPlex 9020-SFF 259.00 Original cost 259.00 Total 1520.15 Dell OptiPlex 9020-SFF 518.00 1520.16 Dell OptiPlex 9020-SFF 2 259.00 Original cost 259.00 Total 1520.16 Dell OptiPlex 9020-SFF 2 518.00 1520.17 4K Webcam with Microphone 49.99 1520.18 Dell P21G #1 3,162.40 1520.2 Lenovo Tab M8 Tablet, 8" HD 89.99 1520.20 Lenovo IdeaPad 1 14 14.0" Laptop, 14.0" HD 255.99 1520.21 Fire 7 Kids Tablet, 7" Display, ages 3-7, 16 GB, Purple Kid-Proof Case 59.99 1520.22 2020 Apple Mac Mini with Apple M1 Chip (8GB RAM, 256GB SSD Storage) 659.00 1520.23 100W Bluetooth Speaker, ABRAMTEK E600 179.00 1520.24 TCL 32 720P Smart TV 129.99 1520.26 Wireless Microphone System, Phenyx Pro 4-Channel UHF C 203.29 1520.27 Lenovo Thinkpad T430 Built Business Laptop Computer 318.07 1520.28 Dell Latitude Xtreme #2 790.60 1520.29 Dell Latitude Xtreme #1 790.60 1520.30 HP Pavilion 22 Monitor #4 134.99 1520.31 HP Pavilion 22 Monitor #3 134.99 1520.32 HP Pavilion 22 Monitor #2 134.99 1520.33 HP Pavilion 22 Monitor #1 134.99 1520.5 Lenovo Tab M10 Plus, 10.3" FHD 159.43 1520.7 Lenovo Thinkpad T430S#2 299.99 1520.8 Brother Printer/ Copier 395.89 1520.9 Dell 515Dw Printer 250.00 1530.1 EYE Hub Mobile Office 1,200.00

TY 2021 ReasonableCauseExplanation

Name: DELTA BETA LAMBDA FOUNDATION**EIN:** 26-1992363

Explanation: I want to clarify that we submitted Form 990-N in a timely manner, under the impression that our organization met the requirements to file the e-postcard. Our gross receipts for 2021 were under \$50,000, and it was in line with our understanding that organizations falling under this financial threshold were eligible to file Form 990-N (Internal Revenue Service, n.d.). However, subsequent interactions with the South Carolina Secretary of State brought to our attention that the state's required financial reporting form for our organization was not consistent with the federal financial reporting requirements that govern 501(c)(3) organizations. Specifically, we learned that our organization should have filed Form 990-EZ to meet the regulations set forth by the South Carolina Secretary of State. In light of this new information, the Board of Directors decided that in good faith we would file Form 990-EZ for 2021. The intention behind this decision was to rectify the oversight and avoid any potential conflicts in filing forms that could jeopardize our 501(c)(3) status. I would like to emphasize that our organization is run entirely by volunteers, making administrative burdens particularly impactful on our operations. The decision to file Form 990-EZ was made in good faith, to ensure compliance with all relevant legal requirements while minimizing the administrative strain on our 100% volunteer workforce. We understand the importance of complying with IRS regulations and are committed to rectifying this oversight as quickly as possible. We have already taken steps to ensure that future tax filings will be completed in accordance with both federal and state requirements. These steps include but are not limited to, consulting with tax professionals who specialize in nonprofit organizations and creating an internal checklist to ensure that all necessary forms are filed accurately and on time. References: Internal Revenue Service. (n.d.). Annual Electronic Filing Requirement for Small Exempt Organizations Form 990-N (e-Postcard). IRS.gov. Retrieved from <https://www.irs.gov/charities-non-profits/annual-electronic-filing-requirement-for-small-exempt-organizations-form-990-n-e-postcard>