

Return of Organization Exempt From Income Tax

(Rev. January 2020)

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

2019

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning, 2019, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: TEN AT THE TOP. D Employer identification number: 27-0503928. E Telephone number: (864) 283-2315. G Gross receipts: \$ 190,154. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: 501(c)(3) 501(c)(4) 4947(a)(1) or 527. J Website: WWW.TENATTHETOP.ORG. K Form of organization: Corporation Trust Association Other. L Year of formation: 2009. M State of legal domicile: SC.

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE MISSION OF TEN AT THE TOP IS TO FOSTER TRUST AND COLLABORATION THROUGH PARTNERSHIPS AND COOPERATION THAT IMPACTS ECONOMIC VITALITY AND QUALITY OF THE LIFE ACROSS UPSTATE SOUTH CAROLINA. TO ACCOMPLISH THIS MISSION, TEN AT THE TOP FOCUSES ON THREE PRIMARY OBJECTIVES. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 66. 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 66. 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0. 6 Total number of volunteers (estimate if necessary) 6. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 39 7b 0.

Table with 3 columns: Revenue, Prior Year, Current Year. Rows 8-12: Contributions and grants (213,227 / 190,154), Program service revenue (0 / 0), Investment income (0 / 0), Other revenue (0 / 0), Total revenue - add lines 8 through 11 (213,227 / 190,154).

Table with 3 columns: Expenses, Prior Year, Current Year. Rows 13-19: Grants and similar amounts paid (0 / 0), Benefits paid to or for members (0 / 0), Salaries, other compensation, employee benefits (80,037 / 88,362), Professional fundraising fees (0 / 0), Total fundraising expenses (5,267 / 5,267), Other expenses (24,112 / 57,716), Total expenses (104,149 / 146,078), Revenue less expenses (109,078 / 44,076).

Table with 3 columns: Net Assets or Fund Balances, Beginning of Current Year, End of Year. Rows 20-22: Total assets (10,119 / 54,195), Total liabilities (0 / 0), Net assets or fund balances (10,119 / 54,195).

Part II Signature Block

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

Sign Here: DEAN HYBL, Signature of officer, Date: 07-30-2020. DEAN HYBL, EXECUTIVE DIRECTOR, Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name: Debbie Ducharme EA, Preparer's signature: Debbie Ducharme EA, Date: 08-20-2020, Check self-employed if PTIN: P00792859. Firm's name: Core Financial Resources Anderson, Firm's address: 1510 N Main St, ANDERSON SC 29621, Firm's EIN: 864-224-8929, Phone no. 864-224-8929.

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: THE MISSION OF TEN AT THE TOP IS TO FOSTER TRUST AND COLLABORATION THROUGH PARTNERSHIPS AND COOPERATION THAT IMPACTS ECONOMIC VITALITY AND QUALITY OF THE LIFE ACROSS UPSTATE SOUTH CAROLINA. TO ACCOMPLISH THIS MISSION, TEN AT THE TOP FOCUSES ON THREE PRIMARY OBJECTIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 50,738 including grants of \$) (Revenue \$) INITIATIVE 2 REGIONAL FORUMS, INITIATIVES & TASK FORCES: IN 2010 AND 2011, TEN AT THE TOP LEAD THE DEVELOPMENT OF THE OUR UPSTATE VISION, WHICH ENGAGED MORE THAN 10,000 UPSTATE RESIDENTS AROUND THE QUESTION "WHAT MATTERS MOST?" AS WE LOOK TOWARD THE FUTURE OF THE UPSTATE. SINCE 2011, TEN AT THE TOP HAS SUPPORTED THE EFFORTS OF OUR UPSTATE-SC, WHICH WAS CREATED TO DIRECTLY OVERSEE THE IMPLEMENTATION PHASE OF THE REGIONAL VISION WHILE TEN AT THE TOP FOCUSES ON COMMUNITY OUTREACH AND BUILDING REGIONAL CAPACITY AROUND KEY ECONOMIC DEVELOPMENT AND QUALITY OF LIFE ISSUES. A PORTION OF TEN AT THE TOP REVENUE GOES DIRECTLY TO OUR UPSTATE-SC TO SUPPORT REGIONAL TASK FORCES, FORUMS, WORKSHOPS AND INITIATIVES.

4b (Code:) (Expenses \$ 34,641 including grants of \$) (Revenue \$) INITIATIVE 1 COMMUNITY OUTREACH & ENGAGEMENT: A KEY FOCUS OF TEN AT THE TOP (TATT) IS TO BUILD TRUST AND PARTNERSHIPS ACROSS THE UPSTATE REGION. ONE MECHANISM FOR ACHIEVING THAT MISSION IS TO CONVENE AND PARTICIPATE IN A WIDE VARIETY OF COMMUNITY OUTREACH PROGRAMS, MEETINGS AND ACTIVITIES. THIS INCLUDES CONDUCTING PRESENTATIONS, LEADING REGIONAL BUS TOURS, GATHERING INFORMATION THROUGH SURVEYS AND OTHER RESEARCH AND PARTICIPATING IN EVENTS AND MEETINGS HOSTED BY OTHER ORGANIZATIONS ACROSS THE UPSTATE. IN 2019, TATT CONDUCTED 104 REGIONAL OUTREACH ENGAGEMENTS AND MEMBERS OF THE STAFF ATTENDED ANOTHER 116 LED BY OTHER UPSTATE ORGANIZATIONS.

4c (Code:) (Expenses \$ 22,335 including grants of \$) (Revenue \$) INITIATIVE 3 COUNTY WORKSHOPS: IN RECOGNITION OF THE 10TH ANNIVERSARY OF TATT IN 2019, THE ORGANIZATION HOSTED A COMMUNITY WORKSHOP IN EACH OF THE 10 COUNTIES OF THE REGION. EACH WORKSHOP INCLUDED A LOCAL STEERING COMMITTEE AND WAS FOCUSED AROUND AN ISSUE OF INTEREST WITHIN THAT COMMUNITY. THERE WERE A TOTAL OF 686 PARTICIPANTS FOR THE WORKSHOPS AND MORE THAN 1,200 FEEDBACK REPSONSES DURING THE SESSIONS.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 107,714

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Form W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ **South Carolina**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
DEAN E HYBL (864)283-2315, 124 VERDAE BLVD, GREENVILLE, SC 29607

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARRY NOCKS, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(2) DAVID PITTS, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(3) WALKER SMITH, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(4) JOHN VERREAULT, OFFICER DEVELOPMENT CO-CHAIR	3.00	X		X			0	0	0	
(5) JEANNE WARD, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(6) IRV WELLING III, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(7) NEAL WORKMAN, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(8) SUSAN JACKSON, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(9) WILLIAM F ROACH JR, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(10) SHANNON SEARS, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(11) ANN ANGERMEIER, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(12) INGO ANGERMEIER, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(13) STEVEN BROWN, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(14) CAROL BURDETTE, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT CARR, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(2) ROY COSTNER, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(3) MICHAEL CUNNINGHAM, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(4) CHARLES DALTON, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(5) DJ DOHERTY, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(6) JIM DONAHO, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(7) R. THORNWELL DUNLAP III, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(8) DAVE ELDRIDGE, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(9) MICHAEL FORRESTER, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(10) TERI GILSTRAP, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(11) DON GORDON, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(12) ANGIE GOSSETT, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(13) TIM HALL, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(14) PEGGY HILL, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSANNE HITE, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(2) CINDY HOPKINS, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(3) TODD HORNE, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(4) PHIL HUGHES, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(5) HAL JOHNSON, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(6) DR BRENDAN KELLY, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(7) ANGELA LABORDE, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(8) KATHY JO LANCASTER, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(9) JOHN LUMMUS, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(10) TERRY MALLARD, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(11) CHARLES MCMANEMIN, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(12) DR LISA MCWHERTER, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(13) JESSICA MISERENDINO, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(14) KEN MOON, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVE NAIL, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(2) RICH ROBINSON, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(3) GEORGE SHIRA, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(4) DEAN TURNER, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(5) JILL VAN PELT, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(6) ROSLYN WESTON, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(7) CHARLITA ATCHISON, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(8) JAMES BENNETT, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(9) JEFF BROWN, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(10) NEAL COLLINS, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(11) CHARLES DALTON, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(12) SHANNON HANSEN, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(13) FRANK HART, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	
(14) ERWIN MADDREY, MEMBER BOARD OF DIRECTORS	1.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DENISE MANLEY, MEMBER BOARD OF DIRECTORS	1.00	X						0	0	0
(16) STEVEN PELISSIER, MEMBER BOARD OF DIRECTORS	1.00	X						0	0	0
(17) RAMAN RAMA, MEMBER BOARD OF DIRECTORS	1.00	X						0	0	0
(18) HOWARD TURNER, MEMBER BOARD OF DIRECTORS	1.00	X						0	0	0
(19) DEAN HYBL, OFFICER EXECUTIVE DIRECTOR	20.00			X				47,895	0	5,258
(20) SUE SCHNEIDER, OFFICER CHAIRMAN	3.00			X				0	0	0
(21) HANK MCCULLOUGH, OFFICER IMMEDIATE PAST CHAIR	3.00			X				0	0	0
(22) PAMELA CHRISTOPHER, OFFICER SECRETARY TREASURY	3.00			X				0	0	0
(23) TERENCE ROBERTS, OFFICER VICE CHAIR	3.00			X				0	0	0
(24) DAVID FIELD, OFFICER DEVELOPMENT CO-CHAIR	3.00			X				0	0	0
(25)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								47,895	0	5,258

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	190,154			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f ▶		190,154			
Program Service Revenue			Business Code				
	2a	_____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	g	Total. Add lines 2a-2f ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶					
	4	Income from investment of tax-exempt bond proceeds . . . ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
			6b				
	6c	Less: rental expenses	6c				
	6d	Rental income or (loss)	6d				
	6e	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a				
			7b				
	7c	Less: cost or other basis and sales expenses	7c				
7d	Gain or (loss)	7d					
7e	Net gain or (loss) ▶						
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
8b	Less: direct expenses	8b					
8c	Net income or (loss) from fundraising events ▶						
9a	Gross income from gaming activities, See Part IV, line 19	9a					
9b	Less: direct expenses	9b					
9c	Net income or (loss) from gaming activities ▶						
10a	Gross sales of inventory, less returns and allowances	10a					
10b	Less: cost of goods sold	10b					
10c	Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue			Business Code				
	11a	_____					
	b	_____					
	c	_____					
	e	Total. Add lines 11a-11d ▶					
12	Total revenue. See instructions ▶		190,154	0	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	47,895	38,316	9,579	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	33,274	31,741	1,533	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9	Other employee benefits				
10	Payroll taxes	7,193	6,597	596	
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	239		239	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .				
12	Advertising and promotion	5,267			5,267
13	Office expenses	4,307		4,307	
14	Information technology	2,723		2,723	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	INITIATIVES / PROGRAMS / TASK	8,591	8,591		
b	COMMUNITY LEADERSHIP	2,875	2,875		
c	BOD MEETINGS	1,695		1,695	
d	REGIONAL FORUM	19,594	19,594		
e	All other expenses _____	12,425		12,425	
25	Total functional expenses. Add lines 1 through 24e. .	146,078	107,714	33,097	5,267
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	10,119	1	51,695
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	2,500
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b	Less: accumulated depreciation	10b	10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	10,119	16	54,195	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
26	Total liabilities. Add lines 17 through 25	0	26	0	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/>				
	and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/>				
	and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30		
31	Retained earnings, endowment, accumulated income, or other funds	10,119	31	54,195	
32	Total net assets or fund balances	10,119	32	54,195	
33	Total liabilities and net assets/fund balances	10,119	33	54,195	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	190,154
2	Total expenses (must equal Part IX, column (A), line 25)	2	146,078
3	Revenue less expenses. Subtract line 2 from line 1	3	44,076
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,119
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	54,195

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2019

**Open to Public
Inspection**

Employer identification number

27-0503928

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01. Form 990 governing body review (Part VI, line 11)

THE EXECUTIVE DIRECTOR REVIEWS THE 990 THEN PROVIDES A COPY TO THE BOARD FOR REVIEW BEFORE
FILING THE 990.

02. Conflict of interest policy compliance (Part VI, line 12c)

SUBJECT TO ITS BYLAWS, THE ORGANIZATION ADDRESSES CONFLICT OF INTEREST ISSUES, IF ANY,
DURING SCHEDULED BOARD MEETINGS THROUGHOUT THE YEAR.

03. Governing documents, etc, available to public (Part VI, line 19)

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

04. Explanation of other changes in net assets or fund balances (Part XI, line 9)

FUNDS TRANSFERRED TO OUR UPSTATE SC FOR PAYROLL PURPOSES

05. List of other expenses (Part IX, line 24e)

MANAGEMENT AND GENERAL EXPENSES DETAILED:

INTEREST 367

MISC 1282

OFFICE FURNITURE 7209

POSTAGE 585

TRAVEL 707

PRINTING 2275

Name of the organization

Employer identification number

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27-0503928

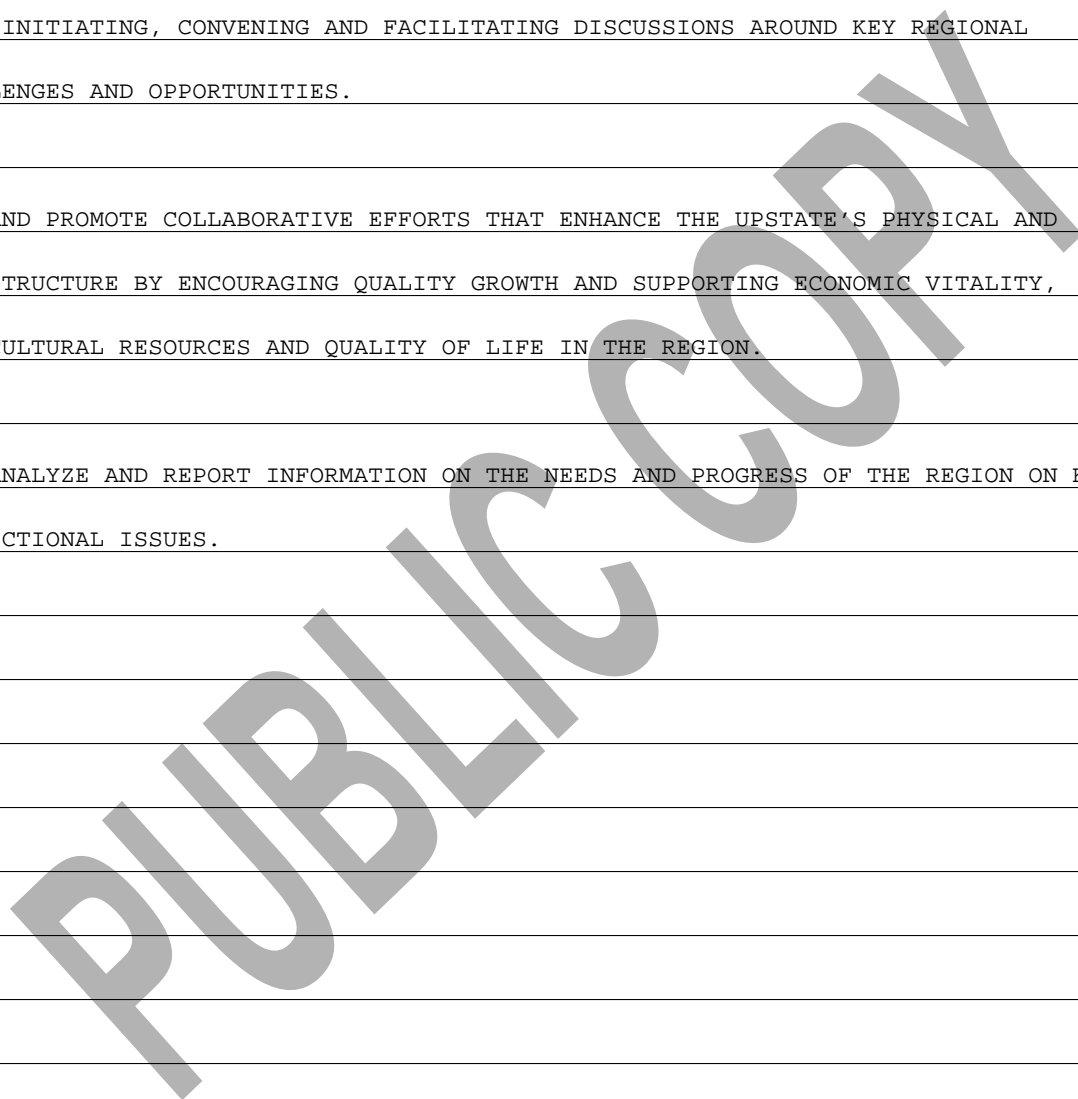
06. General explanation attachment

MISSION STATEMENT CONTINUED:

TO GROW TRUST AND PARTNERSHIPS AMONG ELECTED OFFICIALS, BUSINESS & COMMUNITY LEADERS AND RESIDENTS BY INITIATING, CONVENING AND FACILITATING DISCUSSIONS AROUND KEY REGIONAL ISSUES, CHALLENGES AND OPPORTUNITIES.

TO IDENTIFY AND PROMOTE COLLABORATIVE EFFORTS THAT ENHANCE THE UPSTATE'S PHYSICAL AND SOCIAL INFRASTRUCTURE BY ENCOURAGING QUALITY GROWTH AND SUPPORTING ECONOMIC VITALITY, NATURAL AND CULTURAL RESOURCES AND QUALITY OF LIFE IN THE REGION.

TO MEASURE, ANALYZE AND REPORT INFORMATION ON THE NEEDS AND PROGRESS OF THE REGION ON KEY CROSS-JURISDICTIONAL ISSUES.



Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. TEN AT THE TOP	Taxpayer identification number (TIN) 27-0503928
	Number, street, and room or suite no. If a P.O. box, see instructions. 150 EXECUTIVE DR	STE 202
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GREENVILLE, SC 29615	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	1
---	---

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► **DEAN E HYBL, 124 VERDAE BLVD, GREENVILLE, SC 29607**

Telephone No. ► **864-283-2315** FAX No. ► _____

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

1 I request an automatic 6-month extension of time until 11-16, 20 20, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► calendar year 20 19 or
► tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2019, or fiscal year beginning _____, and ending _____

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2019

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

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27-0503928

Name and title of officer

DEAN HYBL, EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>190,154</u>
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a	Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **07-30-2020**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

614297 29621
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ **08-20-2020**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

Name(s) as shown on return

FEIN

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27-0503928

Description	Amount
COMMUNITY OUTREACH EXPENSES	\$ 2,875
PAYROLL	29,567
PAYROLL TAXES	2,199
Total:	\$ 34,641

Description	Amount
INITIATIVES AND TASK FORCE	\$ 19,594
PAYROLL	28,945
PAYROLL TAXES	2,199
Total:	\$ 50,738

Description	Amount
WORKSHOPS	\$ 8,591
PAYROLL	11,545
PAYROLL TAXES	2,199
Total:	\$ 22,335

Description	Amount
CONTRIBUTIONS	\$ 190,154
Total:	\$ 190,154

Description	Amount
INTEREST	\$ 367
MISC	1,282
OFFICE FURNITURE	7,209
POSTAGE	585
PRINTING	2,275
TRAVEL	707
Total:	\$ 12,425

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

2019

Program Services
For your records only

PAGE 1

Name(s) as shown on return

Social security number/EIN

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No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	WEBSITE	05012011	2,868		100.00			2,868	5		0	2,868		2,868	
Totals			2,868					2,868				2,868		2,868	

Land Amount
Net Depreciable Cost

2,868

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

ST ADJ: