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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 black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

Demonstration Demonstrati	A	For the	2009 calend	009 calendar year, or tax year beginning February 1 , 2009, and ending Ja			January 31 , 20						
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Number and street or PC Dos. A mail an ord delivered to street address) Roconvisure E Telephone number Indicated the control of the		Address	change	label or Charleston County Bai Association			57-0560167						
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Application printing	님				PO Box 21136					843-881-6666			
Neclease pending New Charleston, SC 29413	H			Specific	City or town, state or country,	and ZIP + 4			F Gro	Group Exemption			
Section 501(p)(c) organizations and 4937(p)(f) nonexempt charitable trusts must attach Check Cash Account Check Section 501(p)(c) √ (meant no) 4947(p)(f) or 527	H				Charleston, SC 29413					·			
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Check	-						or		•			, o	
Add lines 5b, 6b, and 7b, to line 9 to determine gross recepts; if \$500,000 or more, file form 990 instead of Form 990-EZ											ore 1	han \$25 000 Δ	
Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gilts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments. 3 Membership dues and assessments. 4 Investment income 5 Gross amount from sale of assets other than inventory. 5 Gross amount from sale of assets other than inventory. 5 Gross amount from sale of assets other than inventory. (Subtract line 5 b from line 5 a). 5 Special events and activities (complete applicable parts of Schedule (6) if any amounts from gaming, check here ▶ □ 6 Special events and activities (complete applicable parts of Schedule (6) if any amounts from gaming, check here ▶ □ 6 Special events and activities (Subtract line 6b from line 5a). 5 C Net income or (loss) from special events and activities (Subtract line 6b from line 6a). 6 C Ross sales of inventory, less returns and allowances. 7 A Gross sales of inventory, less returns and allowances. 7 B Cross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7 C C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe ▶ Newlstefter Ads.). 8 Other revenue (describe ➤ Newlstefter Ads.). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. 10 Grants and similar amounts paid (attach schedule). 11 Benefits paid type (defined auto), and employee benefits. 12 Salative (1b) expenses (describe ➤ Newlstefter Ads.). 13 S20.00 14 (Special type (defined auto), and employee benefits. 15 Interpretation (1b) expenses (describe ➤ Newlstefter Ads.). 16 (Order expenses (describe ➤ Newlstefter Ads.). 17 Interpretation (1b) expenses (describe ➤ Newlstefter Ads.). 18 Excess 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). 18 Excess or fund balances at beginning of year (from line 27, column (A)) (must agree with end												. Hall \$25,000 A	
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SCANNED JUL 29 2010

Form 990-EZ (2009)

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)							
What is the organization's primary exempt purpose? See below						ured for section	
	cribe what was achieved in carrying out the org)(3) and 501(c)(4) lizations and section	
		of persons benefited, and o	ons benefited, and other relevant information for				
each	ch program title.						
28	To provide information & programs to Charleston Co						
	the highest legel of competent & ethical representati			eking to			
	transact business, live & work in our communities,	continuing legal education se	minars, etc.				
	(Grants \$ 40,500.00) If this amount	includes foreign grants, chi	eck here	. ▶ □	28a	40,500.00	
29	We offer extensive resources and information tools						
	Continuing Education Seminars, etc. A total of \$40,5	500 was donated to the Pro B	ono Legal Services	, Inc.			
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ □	29a		
30							
		includes foreign grants, che	eck here	. ▶ 🗆	30a		
31	p g ,						
		includes foreign grants, che			31a		
	Total program service expenses (add lines 28a t				32	1	
Par	t IV List of Officers, Directors, Trustees, and Key						
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio employee benefit	plans &	(e) Expense account and	
		devoted to position	enter -0)	deferred comper	sation	other allowances	
Mark	(Andrews	President					
	Highway 17 Bypass		٠-				
Mt. F	Pleasant, SC 29464						
Johr	M. Massalon	Vice President					
PO E	3ox 859		٠-				
Char	rleston, SC						
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Julia	inne R Holzel	Secretary/Treasurer					
PO E	Box 21136	occional y medical ci	-0-				
Char	leston, SC 29413						
							
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Form 99	0-EZ (200 9)		F	age 3			
Part	Part V Other Information (Note the statement requirements in the instructions for Part V.)						
			Yes	No			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓			
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34					
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		200	,			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a					
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		✓			
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	37b		'			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a					
39	Section 501(c)(7) organizations. Enter:	1 '					
a b	Gross receipts, included on line 9, for public use of club facilities	1					
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶						
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u></u> :			
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		4°, ,	1 1			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization						
е	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					
41	List the states with which a copy of this return is filed. ▶						
42a	The organization's books are in care of P	343-88		6			
	Located at ► 1357 Chrismill Lane, Mount Pleasant, SC ZIP + 4 ►	294	166				
Ь	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	401	Yes	NO			
	account)?	42b		 			
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.						
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		<u>√</u>			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ □			
			Var	N2-			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	No			
- •	Form 990-EZ	44		✓			
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45					
		000					

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 47(a)(1) nonexempt chari nd 51.	xempt charital table trusts mu	ble trusts only. A st answer questio	ll sec ons 46	tion 3–49b
46	Did the organization engage in direct or indirect	t political campaign activities	es on behalf of c	r in opposition to		Yes No
		tes for public office? If "Yes," complete Schedule C, Part I				1
47	Did the organization engage in lobbying activities	s? If "Yes," complete Sche	dule C, Part II		47	1
	Is the organization a school as described in section				48	√
49a	Did the organization make any transfers to an ex	empt non-charitable relate	d organization?		49a	✓
b	If "Yes," was the related organization a section 5	527 organization?			49b	✓
	Complete this table for the organization's five his employees) who each received more than \$100,					
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	àco	Expense count and allowances
	Total number of other employees paid over \$100	<u> </u>		1		
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) T ₃	pe of service	(c) Con	npensation
d '	Total number of other independent contractors e	each receiving over \$100,00	00 -			
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompany of preparer (other than officer) is b	ying schedules and st ased on all informatio	atements, and to the bes	t of my any kno	knowledge wledge
Sign Here	Signature of officer Julianne R. Holzel, Secretary/Treasurer Type or put name and title	Tokol		0/9/3	COZ	υ
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying num	ber (See	instructions)
Use Oni	I FIIII S HAITIE (OI			N ►		
May the	e IRS discuss this return with the preparer shown	above? See instructions		▶ □	Yes	□ No_
				For	m 990)-EZ (2009)

OTHER EXPENSES

2009/2010 Annual Meeting	30,577.53
Holiday Party	11,989.64
Attorney Basketball League	2,241.00
Post Office Box Rental	192.00
Continuing Education Seminars	769.98
Website Maintenance	7,149.15
Contributions/Donations	16,250.00
Supplies	535.00
Bank Service Charges	145.06
Liability Insurance	<u>350.00</u>
Total	\$70,199.36