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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
Inspection

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

A For the 2009 calendar year, or tax year beginning		Jan. 1	, 2009, and ending	Dec 31	, 20 09
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization 100 Black Men Of Greater Columbia, Inc Please use IRS label or print or type 2205 Two Notch Rd. Ste 101 City or town, state or country, and ZIP + 4 Columbia, S.C. 29204		D Employer identification number 57-1071144 E Telephone number 803-540-1885 F Group Exemption Number ► 3132	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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: ► **100blackmencolumba.org**

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

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	22,419
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	4,650
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>		
	a Gross revenue (not including \$ 22,419 of contributions reported on line 1)	6a	35,011
b Less: direct expenses other than fundraising expenses	6b	32,403	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	2,608	
7a Gross sales of inventory, less returns and allowances	7a	0	
b Less: cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe ► 21)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	29,677	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	9,834
	11 Benefits paid to or for members	11	3,917
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	0
	14 Occupancy, rent, utilities, and maintenance	14	3,900
	15 Printing, publications, postage, and shipping	15	2,327
	16 Other expenses (describe ► Administration Expense)	16	4,500
	17 Total expenses. Add lines 10 through 16	17	24,478
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,199
	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	4,472
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	9,671

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	2,972	22	8,421
23 Land and buildings	0	23	0
24 Other assets (describe ► Computer, Printer, Furniture)	1,500	24	1,250
25 Total assets	4,472	25	9,671
26 Total liabilities (describe ►)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	4,472	27	9,671



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

What is the organization's primary exempt purpose? **Mentoring Youth, Health Awareness, Education Programs**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	Mentoring, increase the level of interaction between the 100 members and the local African-American male youth, lunch buddies program, lunch connection program with DJJ and Richland School District One (over 750 youth served). (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	7,500
29	Provide Scholarships to low and moderate disadvantage youth (17 scholarships per year of \$500.00 each). (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	6,250
30	Saturday Leadership Academy- building a strong foundation by rewards for good decisions, consequences of bad decisions, character education, dress and appearance, respect and manners, building self esteem while improving academic performance, financial literacy and goal and achievement. (Grants \$ 10,000) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	10,600
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	0
32	Total program service expenses (add lines 28a through 31a) .	32	23,750

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

Part V Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 Yes No

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34 Yes No

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. 35a Yes No

a 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? 35b Yes No

b If "Yes," has it filed a tax return on Form 990-T for this year? 36 Yes 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 36 Yes No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a N/A 37b Yes No

b Did the organization file Form 1120-POL for this year? 37b Yes 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 period covered by this return? 38a Yes No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A

39 Section 501(c)(7) organizations. Enter: 39a N/A

a Initiation fees and capital contributions included on line 9 39b N/A

b Gross receipts, included on line 9, for public use of club facilities 39b N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ 40b Yes No

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 Yes No

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 40b None

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40b None

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. 40b Yes No

41 List the states with which a copy of this return is filed. ► **South Carolina** 40e Yes No

42a The organization's books are in care of ► **Clente Flemming and Troy Sheppard** Telephone no. ► **803-540-1885**
Located at ► **2205 Two Notch Rd. Ste 101 Columbia, S.C.** ZIP + 4 ► **29204** 42b Yes No

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)? 42c Yes No

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. 42c Yes No

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c Yes No

If "Yes," enter the name of the foreign country: ► _____ 42c Yes No

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 ► 43 Yes No

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 Yes No

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 Yes No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b If "Yes," was the related organization a section 527 organization?	49b	✓
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."		

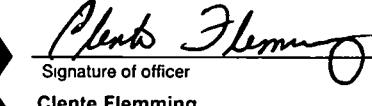
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

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

Sign Here	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.		
	► 	18/11/2010	
	► Client Flemming	Date	
Paid Preparer's Use Only	► Preparer's signature	Date	Check if self-employed ► <input type="checkbox"/>
	► Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ►	
	► Phone no ►		

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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. ► See separate instructions.

Name of the organization

Employer identification number

100 Black Men of Greater Columbia, Inc.

57 : 1071144

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 11, check only one box.)

1 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)**. (Attach Schedule E.)
 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)**. Enter the hospital's name, city, and state: _____
 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)**. (Complete Part II.)
 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)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 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—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 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 described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III—Functionally integrated d Type III—Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	N/A	N/A	N/A	N/A	N/A	N/A
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five 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 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33½% support test—2009. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33½% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% 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—2009. 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 IV 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—2008. 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 IV 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 9 of Part I.)
Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	36,059	12,513	23,455	23,196	27,069	122,292
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	22,261	48,443	24,555	34,212	35,011	164,482
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0		0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	58,920	60,956	48,010	57,408	62,080	287,374
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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	22,261	48,443	24,555	34,212	35,011	164,482
c Add lines 7a and 7b	22,261	48,443	24,555	34,212	35,011	164,482
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	58,920	60,956	48,010	57,408	62,080	287,374
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		0	0	0	0	0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	58,920	60,956	48,010	57,408	62,080	287,374
14 First five 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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	42.7 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	43.0 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0 %
19a 33½ % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33½ %, and line 17 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33½ % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½ %, and line 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

None

Schedule (Special Events Activities)
Line 6A B

	Scholarship Luncheon	Evening of Elegance Banquet	Total
Gross Receipts	\$2,931	\$32,080	\$35,011
Less Contributions	<u>\$-0-</u>	<u>\$ -0-</u>	<u>\$ -0-</u>
Gross Revenue	\$2,931	\$32,080	\$35,011
Less Direct Expenses	<u>\$4,190</u>	<u>\$28,213</u>	<u>\$32,403</u>
Net Income/Loss	<u><u>(\$1,259)</u></u>	<u><u>\$3,867</u></u>	<u><u>\$2,608</u></u>

**100 BLACK MEN OF GREATER COLUMBIA
2009 SCHOLARSHIP PAYMENTS AND GRANTS**

STUDENT NAME	SCHOLARSHIP PAID TO	AMOUNT PAID	DATE
Ms. Lavern Piper	Clemson University Office of Business Affairs Clemson, SC 29634-5307	\$ 500.00	7/21/2009
Mr. Justin Scott	Clemson University Office of Business Affairs Clemson, SC 29634-5307	\$ 500.00	7/31/2009
Ms. Amber Hendrix	University of Pittsburgh P. O. Box 643092 Pittsburgh, PA 15264-3092	\$500.00	8/18/2009
Mr. Jared McClain	University of Pittsburgh P. O. Box 643092 Pittsburgh, PA 15264-3092	\$ 500.00	8/19/2009
Ms. Celena Peters	University of South Carolina Office of Business and Finance Columbia, SC 29208	\$ 500.00	8/19/2009
Ms. Jessica Washington	SC State University Registrar's Office 300 College St., NE Orangeburg, SC 29117-0001	\$ 500.00	9/11/2009
Ms. Deanna Richardson-Watkins	UNC-Charlotte 9201 University City Blvd Charlotte, NC 28223-0001	\$ 500.00	8/21/2009
Mr. Terrell Felder	Furman University Registrar's Office 3300 Poinsett Highway Greenville, SC 29613-6293	\$ 500.00	11/24/2009
Mr. Terrell Felder	Furman University Registrar's Office 3300 Poinsett Highway Greenville, SC 29613-6293	\$ 500.00	11/26/2009
	TOTAL SCHOLARSHIPS	<u>\$5,000.00</u>	
Lunch Buddy Expenses		\$2,393.00	
Saturday Leadership Academy		\$1,141.00	
NAAAH		\$500.00	
Meadowlake Youth Baseball		\$300.00	
Columbia Urban League		\$250.00	
Miss Black South Carolina		<u>\$250.00</u>	
		<u>\$4,834.00</u>	
	GRAND TOTAL	<u>\$9,834.00</u>	

NOTE: Part III 3a: Scholarships are granted through an application process and a committee selects candidates based on strict guidelines.

100 BLACK MEN OF GREATER COLUMBIA, INC.
OFFICERS & BOARD MEMBERS

OFFICERS

POSITION	NAME	ADDRESS	
President	Livingston, Paul	2308 Park Street	Columbia, SC 29201
President-Elect	Dana Risi	253 Crimson Lane	Lexington, SC 29072
Secretary	John Everett	300 Wayworth Court	Columbia, SC 29212
Treasurer	Eric Stewart	406 Staghorn Drive	Blythewood, SC 29016
Financial Secretary	Troy Sheppard	14 Blackhawk Court	Blythewood, SC 29016
Parliamentarian	Vince Ford	9 Marrob Court	Columbia, SC 29203
Chaplain	Jonny Bland	3 Granary Court	Columbia, SC 29203
Historian	Clente Flemming	200 Hastings Point Drive	Columbia, SC 29203

BOARD MEMBERS

Dr. Ronald Epps	6 Old South Drive	Columbia, SC 29209
C Stewart Darby, III	317 Silverfox Lane	Columbia, SC 29212
Ivan G. Earle	30 Sunturf Circle	Columbia, SC 29223
Charles B. Gary	2205 Two Notch Road, Ste 200	Columbia, SC 29204
Norman Caldwell	3906 Water Street	Columbia, SC 29203