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## Form **990**

Department of the Treasury Internal Revenue Service

### **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)

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

2010

Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning and endu	ng			
<b>В</b> с	heck if	C Name of organization		D Employer	identificat	tion number
áţ	opticable		}	. •		
X	Addres change					
	Name change	Doing Business As			56-658	39155
$\vdash$	Initial		n/suite	E Telephone		
$\vdash$	_ireturn ∏Termin	· · · · · · · · · · · · · · · · · · ·	.,, 50116	- resobutions		724-3530
$\vdash$	Jated ∏Amend	130 MEETING STREET, SRD FLOOR		0.0	•	
H	Jreturn Applica	City or town, state or country, and ZIP + 4		G Gross receipt		1,115,997
<u> </u>	Jtion pendin	CHARLESTON, SC 23401		H(a) Is this a		
		F Name and address of principal officer SYNOVUS TRUST COMPANY		for affilia		Yes X No
		158 MEETING STREET, 3RD FLOOR, CHARLESTON		H(b) Are all af	iliates includ	led? Yes No
<u>1</u> T	ax-exe	mpt status X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) or	527	If "No,"	attach a lis	t (see instructions)
<u>J V</u>	Vebsit	e: ▶ N/A		H(c) Group e	xemption r	number 🕨
K F	orm of	organization Corporation X Trust Association Other	L Year o	of formation: 2	<u>005 м s</u>	tate of legal domicile. S
Pa	ırt I	Summary				
	1	Briefly describe the organization's mission or most significant activities THE SOL	E P	URPOSE	OF THI	E TRUST IS
ည		TO OFFER FINANCIAL SUPPORT TO THE NAMED CHA				
naı	_	Check this box  if the organization discontinued its operations or disposed o				
Activities & Governance		Number of voting members of the governing body (Part VI, line 1a)	,, 111016	11a1125/6 UI	1 1	
ဗ္ဗ					3	<del></del>
ଷ		Number of independent voting members of the governing body (Part VI, line 1b)			4	
ties		Fotal number of individuals employed in calendar year 2010 (Part V, line 2a)			5	
ivi		Total number of volunteers (estimate if necessary)			6	
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			•7a	
	b	Net unrelated business taxable income from Form 990-T, line 34		· · · · · · · · · · · · · · · · · · ·	7b	
				Prior Year		Current Year
ø	8 (	Contributions and grants (Part VIII) line 1h			0.	C
Revenue	9 1	Program service revenue (Part VII), Imp 2g)			0.	0
e ve		nvestment income (Part VIII, column/(A), lines 3, 4, and 7d)		<98.	672.>	93,591
Re		Other revenue (Part VIII, column (A); lines 5, 6d, 8c 19c, 10c, and 11e)			0.	0
	l	Fotal revenue - add lines 8 through 14-(must equal Part VIII, column (A), line 12)		~9.R	672.>	93,591
		Grants and similar amounts paid (Part X, Column (A), lines 1.3)	+	100,		91,415
			-	100,		
	ı	Benefits paid to or for members (Part IX, Column (A), line 4)	-	2.17	0.	42.070
nses	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3/,	889.	42,078
ens	l .	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>		0.	0
Expenses	b	Fotal fundraising expenses (Part IX, column (D), line 25)	<u>.</u>			
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u> </u>		950.	1,970
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		140,		135,463
	ľ	Revenue less expenses Subtract line 18 from line 12		<239.	085.>	<41,872
ts or			Red	ginning of Curre		End of Year
sets	20	Fotal assets (Part X, line 16)	120	3,631,	·	3,589,699
d Bal	\$	Fotal liabilities (Part X, line 26)		<u> </u>	0.	0,303,033
und,	ł	,	<del> </del>	3,631,		
<u> </u>		Net assets or fund balances Subtract line 21 from line 20		2,031,	<u> </u>	3,589,699
ш.	rt II	Signature Block				
Unde	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the	best of my k	nowledge and belief, it i
true,	correc	i, and complete. Declaration of preparer (other than officer) is based an all informati <del>on of which p</del>	reparer	has any knowle	dge.	
	Ţ			3 -	9-11	
Sigi	ո	Signature of officer		Date		-
Her	ŀ	SYNOVUS TRUST COMPANY				
	-	Type or print name and title				
		<u> </u>	10	Date	Check	I If PTIN
D~: ~	, }	Print/Type preparer's name  SC 071 Hood  Preparer's signature  OA		21-11	L	' ¦
Paid	ŀ		7		self-employ	/ea l
Prep	· •	Firm's name HOOD & SELANDER, CPAS, LLC		Firm's	s EIN 🛌	
Use	Only	Firm's address ► 856 LOWCOUNTRY BLVD, SUITE 100				
		MT. PLEASANT, SC 29464		Phon	е по. (84	43)884-1099
Mav	the IF	S discuss this return with the preparer shown above? (see instructions)				X Yes N
		1-10 LHA For Paperwork Reduction Act Notice, see the separate instructions.				Form <b>990</b> (281
JJ201	- 14-2					, Jiiii JUU (AR

·BLANCHE D KILPATRICK CHARITABLE T/A

56-6589155

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	ļ	X
3	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	3		X
4	Section 501(c)(3) organizations. 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	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		<b>.</b>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<del></del>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide	<b>-</b>		
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	ا ا		
	If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ <u>.</u>	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е		11e	ļ. <u>-</u>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		х
h	Schedule D, Parts XI, XII, and XIII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,.
	complete Schedule G, Part III	19	<u> </u>	X
20a		20a		_X_
D	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that	205		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b Form	990 (	2010
		1 OHH	220 (	ZU (U)

56-6589155 C/O SYNOVUS TRUST COMPANY, NA Page 4 Form 990 (2010) Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the X United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, Х column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization 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 Х Schedule L, Part I 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Х 27 Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, Х director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? X If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 X a 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," complete Schedule R, Part V, line 2 Yes X No Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х

Form **990** (2010)

37

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

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Part V	Statements	Regarding	Other IRS	Filings and	Tax Compliance	

Enter the number reponded in Box 3 of Form 1036 Enter 0-if not applicable  Enter the number of Forms W.2G included on line 1a Enter 0-if not applicable  Coult the organization concept with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. Field of the calendary year anding with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Abot. If the sum of files 1 and 62 is given than 150, you may be required to e-file (see instructions)  B if the organization have unrelated business gross income of \$1,000 or more during the year?  A At any time during the calendar year, did the organization file all required federal employment tax returns?  As West the organization and the foreign country. In International Country of the country of the country (such as a bank account, sections account, or other financial account)?  B if Yee,* enter the name of the foreign country. In International Accounts.  Saw instructions for files requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  Saw the organization a party to a prohibited tax shelter transaction at any time during the tax year?  B Us did not taxled party northly the granization that the vasor is a party to a prohibited tax shelter transaction?  B Us did not taxled party northly the granization file Form 8887.7  Say Was the organization received with every solicitation an express statement that such contributions or grifts were not tax deductable?  Organizations that may receive deductable contributions under section 170(c).  B If Yees, "did the organization include with every solicitation and express provided?  Of the organization received a payment is excess of S75 made party is a continuous and party for groat sand party or a device of the contributions and party foreign the or		Check if Schedule O contains a response to any question in this Part V			
1s Enter the number reported in Box 3 of Form 1096 Enter -0 in not applicable  □ Det the organization comply with backup withholding rules for reportable payments to vendors and reportable gaining granting or the organization comply with backup withholding rules for reportable payments to vendors and reportable gaining granting or the provided of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaining granting granting to the organization of the provided of the calendar year ending with or within the year covered by this return  1b if at least one is reported on line 2,6 with the organization the all respired dederal employment tax returns?  Note. If the sum of iners 1a and 2a is greater than 250, you may be required to e-/de (see instructions)  1c if the sum of iners 1a and 2a is greater than 250, you may be required to e-/de (see instructions)  1c if the sum of iners 1a and 2a is greater than 250, you may be required to e-/de (see instructions)  1c if the sum of iners 1a and 2a is greater than 250, you may be required to e-/de (see instructions)  1c if the sum of iners 1a and 2a is greater than 250, you may be required to e-/de (see instructions)  1c if the sum of iners 1a and 2a is greater than 250, you may be required to e-/de (see instructions)  1c if the sum of iners 1a and 2a is greater than 250, you may be required to e-/de (see instructions)  1c if the sum of iners 1a and 2a is greater than 250, you on more during the year?  1c if the sum of iners 1a and 2a is greater than 250, you on more during the year?  1c if the sum of iners the name of the foregrap country.  1c if the sum of iners the name of the foregrap country.  1c if the sum of iners the name of the foregrap country.  1c if the sum of iners the name of the foregrap country.  1c if the sum of iners the name of the foregrap country.  1c if the grantial part the name of the foregrap country.  1c if the organization self is an analysis of the sum		•		Yes	No
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners?  2. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  3. If the calendar year ending with or within the year covered by this return  3. If the calendar year ending with or within the year covered by this return  3. If year, and the calendar year ending with or within the year covered by this return  3. If year, and the calendar year ending with or within the year covered by this return  3. If year, and the calendar year ending with or within the year covered by this return  3. If year, and the calendar year ending with or within the year covered by this return  3. If year, and the calendar year ending with or within the year or within the year?  4. If year, and the year year year year year year year yea	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
gambling) winnings to prize winners?  2 Either the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-five (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 Law 1 if "Ves," and if the did Form 950° for the year "I" "Two," provide an explanation in Schodule O  4 Law 1 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 Accounts.  5 Was the organization so fining requirements for Form 10 F 90 22.1, Report of Foreign Bank and Financial Accounts.  5 Was the organization and party to a prohibited tax shelter transaction at any time during the tax year?  5 Law 1 "Yes," other the name of the foreign country, because the organization for the organization for the organization for the organization for the organization and the organization name and the organization and the organization and	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
2a Enter the number of employees reported on Form W.3, Transmittat of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  1 at least one is reported on line 2a, did the organization file all required fideral employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 b of the organization have unrelated business gross income of \$1,000 or more dumpt the year?  3 a X  3 b If "Yes," has if filed a form 9901 for this year? If "No," provide an explanation in Schedule 0  3 b If "Yes," and the dumpt the calendary year, did the organization have an interest in, or all appative or other authority over, a financial account in a foreign country. Person of the provide an explanation in Schedule 0  3 b If "Yes," enter the name of the foreign country, because the second of the provide an explanation in Schedule 0  3 b If "Yes," enter the name of the foreign country. Person TD F 90.2.1, Report of Foreign Bank and Financial Accounts.  5 b Was the organization a party to a prohibited tax shelter transaction at any time dump the tax year?  5 b If "Yes," to line 5 a of 50, did the organization file Form 8886 1?  6 c If "Yes," do the organization file Form 8886 1?  6 d Does the organization and party to a prohibited tax shelter transaction?  5 b If "Yes," did the organization file Form 8886 1?  6 c Job He organization shall may receive deductible?  9 b If "Yes," did the organization in excess of \$15 made party sis a contributions or grifts were not tax deductible?  1 b If the organization receive apyment in excess of \$15 made party sis a contribution and partyl for goods and services provided to the payor?  7 a X  7 b If "Yes," did the organization in excess of \$15 made party sis a contribution and partyl for goods and services provided to the payor?  8 b If "Yes," did the organization received a portification of the value of the goods or services provided to the payor?  9 c If If yes, a service and the	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
filed for the celendar year ending with or within the year covered by this return		(gambling) winnings to prize winners?	1c	:	
b If a least one is reported on tine 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filed a Form 990.7 for this year? If "No," provide an explanation in Schedule O  3b If "Yes," has it filed a Form 990.7 for this year? If "No," provide an explanation in Schedule O  3b If "Yes," and the did not provide the foreign country. If "No," provide an explanation in Schedule O  3c If "Yes," the filed is a party to a prohibited tax shaller transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shaller transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shaller transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 88667?  6c If "Yes," to line 5a or 5b, did the organization file Form 88667?  6d Dess the organization an include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization notify the donor of the value of the goods or services provided?  9d If "Yes," did the organization notify the donor of the value of the goods or services provided?  9d If "Yes," did the organization neceive a psymenti in excess of 475 made partly sa a contribution and partly for goods and services provided to the payor?  7a If If the organization receive a psymenti in excess of 475 made partly as a contribution of payor and to the form 8202?  9d If "Yes," and the organization neceive a psymenti in excess of 475 made partly as a contribution of the value of the goods or services provided?  1 If the organization received a contribution of the value of the goods or servi	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lanes 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a IV if we organization have unrelated business gross income of \$1,000 or more during the year?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly in organization country. I who as a bank account, so organization country is under a so bank account, or other financial accountly?  5b If "Yes," enter the name of the foreign country. I was a bank account, so organization organization and in the organization or Form TDF 90 22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5b If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6c Organizations that may receive deductible contributions under section 170(c).  10 If the organization shall may receive deductible contributions under section 170(c).  10 If the organization shall may receive deductible contributions under section 170(c).  10 If the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 8822?  10 If "Yes," indicate the number of Forms 8282 filed during the year  17 If I we organization deeper any funds, directly or indirectly, to pay premiums on a personal benefit contract?  18 Did the organization received a contribution of cushing of the organization file a Form 1098 C?  19 Sponsoring organization maintaining done advised funds and section 599(a) supporting organization file Form 1098 C?  10 Did the organization received an contribution of cushing forms to the companization file form 1098		filed for the calendar year ending with or within the year covered by this return 2a 0			
3a Dit the organization have unreliated business gross income of \$1,000 or more during the year?  b if "Yes," has it field a Form 990T for this year? If "No," provide an explanation in Schedule O  a 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!?)  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  Sa Was the organization of high grequirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  Sa Was the organization for the organization filing from 10 F 90.22.1, Report of Foreign Bank and Financial Accounts.  Sa Was the organization for the organization filing from 8866.7?  b If "Yes," to line 5a or 5b, did the organization file Form 8886.7?  b Death organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  To reganizations that may receive deductible contributions under section 170(c).  But the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  To Pay Station that may receive deductible contributions under section 170(c).  But the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  To Pay It It is a supplied to the payor?  To Pay It It is a supplied to the payor?  To Pay It It It is a supplied to the payor?  To Pay It It It is a supplied to the payor and payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  To It It It is a supplied to the payor and payment in excess of \$75 mad	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b II "Yes," has it field a Form 990 f for this year? If "No." provide an explanation in Schedule O 43 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)?  44 X  X  X  b II "Yes," enter the name of the foreign country. Even the name of the foreign country over the financial account in a foreign country (such as a bank account; securities account, or other financial account).  55 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  56 Did any taxable party northy the organization file Form 8886-17?  57 Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  58 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  59 If "Yes," did the organization include with every solicitation an express statement that such contributions or girts were not tax deductible?  59 Organizations that may receive deductible contributions under section 170(c).  50 If the organization include with every solicitation an express statement that such contributions or girts were not tax deductible?  70 Organizations that may receive deductible contributions under section 170(c).  80 If "Yes," indicate the number of Form 88826 filed during the year for the value of the goods or services provided?  71 If year, indicate the number of Forms 88282 filed during the year.  72 If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  73 If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  74 If the organization during the year pay premiums, directly or indirectly, on a personal benefit contr		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the calendary 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?  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  Sa. Was the organization are you to a prohibited tax shelter transaction at any time during the tax year?  b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  b. If "Yes," to line 5a or 5b, did the organization flier Form B886T?  b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c. If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  b. If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  organization start may receive deductible contributions under section 170(c).  a. Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  b. If "Yes," indicate the number of Forms 8282 filed during the year  c. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f. Did the organization received a contribution of qualified inflieticular property, did the organization file a Form 1098-C?  Sophosoring organizations maintaining donor advised funds, and seed the organization file a Form 1098-C?  Th. Did the organization make a distribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Th. Did the organization make and indimination of qualified inflieticular property, did the organization fil	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country:  See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b If "Yes," to line 5a or 5b, did the organization file Form 8886-7?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6a X  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a ID life organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organization shall may receive deductible contributions under section 170(c).  a ID life organization shall may receive deductible contributions under section 170(c).  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year and property, did the organization file Form 8899 as required?  7 If I Did the organization organization maintaining donor advised finds and self-self-self-self-self-self-self-self-	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
b if "Yes," enter the name of the foreign country: No. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," io line Sa or 55, did the organization file Form 8886-7?  5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5c Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c Organizations that may receive deductible contributions under section 170(c).  5d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5d If "Yes," did the organization notify the donor of the value of the goods or services provided?  5d If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5d If "Yes," did the organization notify the donor of the value of the goods or services provided?  5d If "Yes," indicate the number of Forms 8282 filed during the year  6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If the organization received a contribution of qualified infellectual property, did the organization file Form 8899 as required?  7h If the organization received a contribution of qualified infellectual property, did the organization file Form 1098-C?  8 Spensoring organizations maintaining donor advised funds and section 59(a)(3) supperting organizations Dd the supporting organization, are advised funds and section 59(a)(3) supperting organizations. But is unporting organization make a distribution is under	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for Form TD F90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the originarization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the originarization that it was or as a party to a prohibited tax shelter transaction?  5b X  5b X  5c I**Yes,** to line 5a or 5b, did the originarization file Form 8886-7?  6a Does the originarization are annual gross receipts that are normally greater than \$100,000, and did the originarization solicit any contributions that were not tax deductible?  6a X  6b I**Yes,** did the originarization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Originarizations that may receive deductible contributions under section 170(c).  8 If Yes,** did the originarization notify the donor of the value of the goods or services provided?  8 If Yes,** did the originarization indef the donor of the value of the goods or services provided?  8 If Yes,** indicate the number of Forms 8282 filed during the year  9 Did the originarization in receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  10 Did the originarization in received a contribution of qualified intellectual property, did the originarization file a Form 198 C?  11 Sponsoning originarization amaintaining donor advised funds and section 59(4)(3) supporting originarization file a Form 198 C?  12 Sponsoning originarization maintaining donor advised funds and section 59(4)(3) supporting originarization file a Form 198 C?  13 Sponsoning originarization maintaining donor advised funds.  10 Did the originarization file a Form 198 C?  13 Section 501(c)(7) originarizations. Finter.  2 In Intiation fees and capital contribution of a donor, donor advised funds.  2 Did the originarization make any taxable distributions under section 4966?  3 Did the originarization in make any taxable distributions under section 4966?  3 Section 501(c)		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b ID dany taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  b If Yes, 1 line 5a or 5b, did the organization thie form 8896-7?  can be see the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  b If Yes, 3 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  To Did the organization neceive apayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  To Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization received a contribution of caris, boats, amplanes, or other vehicles, did the organization file Form 1098-07  Th If the organization received a contribution of caris, boats, amplanes, or other vehicles, did the organization file Form 1098-07  Th If the organization make any taxable distribution of a donor donor advised funds.  Did the organization make any taxable distribution of a donor donor advised funds.  Did the organization make any taxable distribution of a donor donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during	b	If "Yes," enter the name of the foreign country: ▶			
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
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	b	res, nas it illed a Form /20 to report these payments? If "No," provide an explanation in Schedule Ο		990	20101

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	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 to any question in this Part VI			X
Sec	tion 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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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?	2		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?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
а	The governing body?	8a	Х	<u> </u>
	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		_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?	16a		_X_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncıal	
•	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion 🕨	·	
	SYNOVUS TRUST COMPANY, NA - (843)724-3530			
	158 MEETING STREET, CHARLESTON, SC 29401			

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Form **990** (2010)

Page 7

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

Check if Schedule O contains a response to any question 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

List persons in the following order individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees, and former such persons

hours per (check all that apply) compensation from related (describe hours for related organizations   1   1   1   1   1   1   1   1   1	Check this box if neither the organi	(B)			(0	C)			(D)	(E)	(F)	
week (describe hours for related organizations in Schedule O)  Week (describe hours for related organizations in Schedule O)  Week (describe hours for related organizations in Schedule O)  Week (describe hours for related organizations in Schedule O)  Week (describe hours for related organization (W-2/1099-MISC)  Week (describe hours for related organization (W-2/1099-MISC)	Name and Title		(c)	Position				M			Estimated amount of	
SYNOVUS TRUST CO. PA RUSTEB  5.00 X 42,078. 0.		week (describe hours for related organizations in Schedule				İ			from the organization	from related organizations	other compensation from the organization and related organizations	
5.00 X 42,078. O.	SYNOVUS TRUST CO. PA									_		
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Form 990 (2010)

Par	t VII Section A. Officers, Directors, Tri	ustees, Key Er	nplo	yee	s, a	nd ŀ	ligh	est	Compensated Employ	ees (continued)			
	(A)	(B)	Γ		((	<del></del> -			(D)	(E)		(F)	
	Name and title	Average			Pos	-	1		Reportable	Reportable		Estimate	ed
		hours per	(cl	neck	all t	that	арр	ly)	compensation	compensation	i	amount	
		week	<u>.</u>						from	from related		other	
		(describe	recto						the	organizations	C	mpensa	ation
		hours for	or di	ee			ated		organization	(W-2/1099-MISC)		from th	e
		related	Individual trustee or director	Institutional trustee		, ,	Highest compensated employee		(W-2/1099-MISC)		- 1	rganiza	
		organizations	ual tr	lional		Key employee	ee de	_			- 1	and rela	
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1b	Sub-total						$\blacktriangleright$		42,078.	C	•		0.
С	Total from continuation sheets to Part V	II, Section A							0.	C			0.
d	Total (add lines 1b and 1c)								42,078.	C			0.
2	Total number of individuals (including but r	not limited to th	ose	liste	d al	bove	e) wh	no re	<u> </u>	,000 in reportable			
	compensation from the organization									•			0
												Yes	No
3	Did the organization list any former officer	dırector or tru	stee	, key	y em	plo	yee,	or h	nighest compensated er	nployee on			
	line 1a? If "Yes," complete Schedule J for s	such individual									3		X
4	For any individual listed on line 1a, is the si	um of reportab	le co	mpe	ensa	ation	anc	d oth	her compensation from	the organization			
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual		4		X
5	Did any person listed on line 1a receive or	accrue compei	nsat	on f	rom	any	unr	elat	ed organization or indivi	dual for services	-		Ì
	rendered to the organization? If "Yes," con	plete Schedul	e <i>J f</i>	or si	ıch	pers	son				5		X
Sec	tion B. Independent Contractors									<del> </del>	_		
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of compe	nsatio	n from	
<del></del>	the organization NONE							-1					
	(A) Name and business	address						- 1	( <b>B)</b> Description of s	ervices	Com	(C) pensatio	ın
								$\dashv$					
					_			T					
								$\dashv$					
	<u> </u>	<del></del>	_					$\dashv$					
2	Total number of independent contractors (	including but n	ot III	nite	d to	tho	se lis	ted	above) who received m	ore than			
	\$100,000 in compensation from the organi	_					0						
											For	m 990 /	2010)

Pa	rt VII	Statement of Reven	ue				
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns	1a				
Contributions, gifts, grants and other similar amounts	b		1b	1			
	С	F	1c	1			
r it	d	5111	1d	1			
niis Bilis			-				
sign	e f	*** ** * * * * * * * * * * * * * * * * *		1			
her	'	similar amounts not included abov	·				
護			- Laint				
Ϋ́	g		1a-11 \$				
<u> </u>	n	Total. Add lines 1a-1f	D O. I.				<del> </del>
_			Business Code				
ဒ္ဓ	2 a						ļ
e e	ь						
en S	С						
e a	d						
Program Service Revenue	е						
ъ.	f	All other program service rever	nue				ļ
-	g		<u> </u>				
	3	Investment income (including of	dividends, interest, and	00 400			
		other similar amounts)	<b>.</b>	92,400.			92,400.
	4	Income from investment of tax	exempt bond proceeds				ļ
	5	Royalties	<b>&gt;</b>				<del> </del>
		ļ	(i) Real (ii) Personal	-			
	6 a	Gross Rents					
	b	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	<b>&gt;</b> _				
	7 a	Gross amount from sales of	(i) Securities (ii) Other				
		assets other than inventory	1023597.				
	b	Less cost or other basis			}		
		and sales expenses	1022406.				
	С	Gain or (loss)	1,191.				
	d	Net gain or (loss)		1,191.			1,191.
Other Revenue	8 a	Gross income from fundraising including \$					
ě		contributions reported on line					
Œ		Part IV, line 18	a				
흎	ь	Less. direct expenses	b	İ			
0		Net income or (loss) from fundi	· · · · · · · · · · · · · · · · · · ·		1		
		Gross income from gaming act					
		Part IV, line 19	a				
	h	Less direct expenses	b				
		Net income or (loss) from gami	<u></u>				
		Gross sales of inventory, less r					
		and allowances	a				
	h	Less cost of goods sold	b				
		Net income or (loss) from sales	<u></u>				
İ		Miscellaneous Revenue	• •		_		
	11 a			]			
	b						
	C						1
	d				- <del></del>	•	
	e	Total. Add lines 11a-11d	<u></u>		·		
	12	Total revenue. See instructions.	•	93,591.	0.	0 .	93,591.
03200					<u></u>		Form <b>990</b> (2010)

#### 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) but are not required to complete columns (B), (C), and (D)									
	not include amounts reported on lines 6b, 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 governments and									
	organizations in the U.S. See Part IV, line 21	91,415.	91,415.							
2	Grants and other assistance to individuals in	-								
	the U.S. See Part IV, line 22									
3	Grants and other assistance to governments,									
	organizations, and individuals outside the U.S.									
	See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,				•					
	trustees, and key employees									
6	Compensation not included above, to disqualified				,					
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	42,078.		42,078.						
7	Other salaries and wages			•						
8	Pension plan contributions (include section 401(k)									
	and section 403(b) employer contributions)									
9	Other employee benefits		· -							
10	Payroll taxes									
11	Fees for services (non-employees)									
а	Management									
b	Legal				***					
С	· .	1,970.		1,970.						
d										
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other									
12	Advertising and promotion									
13	Office expenses									
14	Information technology									
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 in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)									
а										
b										
C										
d										
е										
f	All other expenses									
25_	Total functional expenses. Add lines 1 through 24f	135,463.	91,415.	44,048.	0.					
26	Joint costs. Check here ▶ ☐ if following SOP		ļ							
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Pai	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest bearing		1	
	2	Savings and temporary cash investments		. 2	
	3	Pledges and grants receivable, net		_ 3	
	4	Accounts receivable, net		_ 4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As:	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	3,631,571.	_11	3,589,699.
	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 34)	3,631,571.	16	3,589,699.
	17	Accounts payable and accrued expenses		17_	
	18	Grants payable		18_	-
	19	Deferred revenue		_19	
	20	Tax-exempt bond liabilities		_20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		_21	
Ī	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons Complete Part II			
_		of Schedule L		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 Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117, check here  and complete			}
ces		lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28	
ը	29	Permanently restricted net assets		29	
Ę	ļ	Organizations that do not follow SFAS 117, check here			
SO		complete lines 30 through 34.	2 621 571		2 500 600
set	30	Capital stock or trust principal, or current funds	3,631,571.	30	3,589,699.
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Ne.	32	Retained earnings, endowment, accumulated income, or other funds	3,631,571.	32	
	33	Total net assets or fund balances		33	3,589,699.
	34	Total liabilities and net assets/fund balances	3,631,571.	34	3,589,699.

Form **990** (2010)

Form	990 (2010) C/O SYNOVUS TRUST COMPANY, NA	<u> 56-6</u>	<u> 5589155</u>	Pag	ge 12
Pai	t XI Reconciliation of Net Assets				
	Chèck if Schedule O contains a response to any question in this Part XI				
	,		·		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9	<u>3,5</u>	91.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13	<u>5,4</u>	<u>63.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<4	1,8	<u>72.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,63	1,5	71.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,58	9,6	99.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		[		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		! !		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi	t		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audi	t		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

BLANCHE D KILPATRICK CHARITABLE T/A

Employer identification number 56-6589155

ı artı	Heason	101 1 ablic Orial	ity Status (All organiz	zations must complet	e this part ) See ins	tructions	
The organ	ization is not a	a private foundation	because it is (For lines	1 through 11, check	only one box )		
1 🔲	A church, co	nvention of churche	s, or association of chur	rches described in <b>se</b>	ction 170(b)(1)(A)(i	).	
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	chedule E)			
з 🗔	A hospital or	a cooperative hospi	tal service organization	described in section	170(b)(1)(A)(iii).		
4 🔲	A medical res	search organization	operated in conjunction	with a hospital descr	ribed in section 170	(b)(1)(A)(iii). Enter	the hospital's name,
	city, and stat						
5 🔲	An organizati	on operated for the	benefit of a college or u	niversity owned or op	perated by a govern	mental unit describ	ed in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)				
6 🗀	A federal, sta	ite, or local governm	ent or governmental uni	it described in <b>sectio</b>	n 170(b)(1)(A)(v).		
7			eives a substantial part			or from the general	public described in
		b)(1)(A)(vi). (Comple				Ū	
8 🔲	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete Part II)			
9 🔲			eives (1) more than 33		rom contributions, n	nembership fees, a	nd gross receipts from
			nctions - subject to certa				=
			axable income (less sec				<del>-</del>
		509(a)(2). (Complete			•		,
10 🔲	An organizati	on organized and or	perated exclusively to te	est for public safety S	See section 509(a)(4	1).	
11 X			perated exclusively for the			=	purposes of one or
			ations described in secti			' <del>-</del>	
			organization and compl				
	a Type I	<b>b</b> _	Type II	c X Type III - Func	tionally integrated	d 🗀	Type III - Other
e X	By checking	this box, I certify tha	it the organization is not		-	more disqualified	persons other than
			han one or more publicly				
f			ten determination from				( /, /
	supporting of	rganization, check th	nis box	·			$\mathbf{x}$
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or contribution	from any of the foll	owing persons?	
	(i) A perso	n who directly or ind	irectly controls, either al	lone or together with	persons described	ın (II) and (III) below	Yes No
	the gove	erning body of the si	upported organization?	_			11g(ı) X
	(ii) A family	member of a persor	n described in (i) above?	)			11g(iı) X
	(iii) A 35% d	controlled entity of a	person described in (i)	or (II) above?			11g(iii) X
h	Provide the fo	ollowing information	about the supported or	ganization(s)			<u> </u>
		-					
(ı) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the organization	(v) Did you notify the	(vi) is the	(vii) Amount of
٠,,	inization	\.,,	organization (described on lines 1-9	in col. (i) listed in your	organization in col.	organization in col. (i) organized in the	support
			above or IRC section	governing document?	(i) of your support?	U.S.?	

(ı) Name of supported organization	(ii) EIN	organization	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
PRESBYTERIAN									
HOME OF SOU		5	X			X		x	41,137.
WESTMINSTER									
PRESYBTERIAN		5	X			X		x	27,424.
THORNWELL									·
HOME FOR CHI		5	X			X		X	22,854.
						1			
			<del> </del>					-	<del>-</del> ·
									04 445
Total			l	1		<u> </u>	<u> </u>	<u> </u>	91,415.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Part II	Support Schedule	for Organizations Describe	ed 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 fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	'(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-	-			-		
	ization'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					Ì	
	on line 1 that exceeds 2% of the				İ		
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest,		ļ				
	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)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	<del>-</del>	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	. 🗀
500	organization, check this box and stop ction C. Computation of Publi	here	rcontago		<del></del>		<u> </u>
				1 (0)	-		
	Public support percentage for 2010 (II		•	column (t))		14	<u>%</u>
	Public support percentage from 2009	·		n han 10 and has	14 00 1/00/	15	<u>%</u>
ıoa	33 1/3% support test - 2010. If the or	-			14 IS 33 1/3% OF IT	ore, check this box	c and ⊾□
<b>.</b>	stop here. The organization qualifies a 33 1/3% support test - 2009. If the or		-		line 15 in 22 1/20/	or more obselvible	- hay
D	· · · · · · · · · · · · · · · · · · ·	_		•	iiile 15 is 33 1/3%	or more, check thi	S DOX
170	and stop here. The organization quali		•		12 162 or 16b a	and line 14 is 1004 o	r more
17 a	10% -facts-and-circumstances test and if the organization meets the "fac	_					
						it iv now the organ	12411011 
h	meets the "facts-and-circumstances"  10% -facts-and-circumstances test	-	•		•	7a and line 15 - 1	<b>₽</b> □ □
D	more, and if the organization meets th	-					U/0 UI
	organization meets the "facts-and-circ				•		▶□
18	Private foundation. If the organization						
	Titalo rodinacioni ii die organizatio	. Sid flot dilect a	20x 011 mile 10, 10	a, 100, 11a, 01 11		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 201

#### 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 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)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(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 per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose					:	
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-					İ	
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge			]			
	Total. Add lines 1 through 5					<del></del>	
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received	<u> </u>		<del>                                     </del>	<u> </u>	+	
Ľ	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)		<u></u>	<u> </u>	<u>L</u> .	1	
	ction B. Total Support		1	1			ī
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
-	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 carned on						_
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is fo	r the organization's	s first, second, thii	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here	- 		<u>-</u>	<u></u>		▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2010 (	line 8, column (f) d	livided by line 13, o	column (f))		15	%
_16	Public support percentage from 2009	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))						%
18						18	%
	19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than						
	more than 33 1/3%, check this box a	-					▶ [ ]
ŀ	33 1/3% support tests - 2009. If the	•	•	•	• • •		and
Ì	line 18 is not more than 33 1/3%, che	=					
20	Private foundation. If the organization		-	•		•	

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

BLANCHE D KILPATRICK CHARITABLE T/A

Name of the organization

Employer identification number

Inspection

No 56-6589155 SUPPORTING ORGANIZATION SUPPORTING ORGANIZATION SUPPORTING ORGANIZATION (h) Purpose of grant or assistance X Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any PAYMENTS PAYMENTS PAYMENTS recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed and address of organization (b) EIN (c) IRC section received more than \$5,000. Part II can be duplicated if additional space is needed (c) Amount of received more than \$5,000 Check this box if no one rece Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection o o 0 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 22,854 27, 424, 41,137 NA COMPANY, C/O SYNOVUS TRUST General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization WESTMINSTER PRESBYTERIAN CHURCH THORNWELL HOME FOR CHILDREN 1157 SAM RITTENBURG BLVD PRESBYTERIAN HOME OF SC COLUMBIA, SC 292210037 CHARLESTON SC 29407 CLINTON SC 29325 PO BOX 210037 PO BOX 60 Part I Part II

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations

N

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

BLANCHE D KILPATRICK CHARITABLE T/A

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed C/O SYNOVUS TRUST COMPANY, NA Schedule I (Form 990) (2010) Part III

Page 2

56-6589155

(f) Description of non-cash assistance (book, FMV, appraisal, other) Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 5 F THESE SUPPORT ORGANIZATIONS PAYMENTS ARE DETERMINED BY THE GOVERNING THE TRUST DOCUMENT STATES THE PERCENTAGE OF INCOME (d) Amount of non-cash assistance (c) Amount of cash grant BE DISTRIBUTED TO THE STATED CHARITIES ANNUALLY. (b) Number of recipients (a) Type of grant or assistance TRUST DOCUMENT. Part IV

032102 01-13-11

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### 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.

2010
Open to Public Inspection

BLANCHE D KILPATRICK CHARITABLE T/A Employer identification number Name of the organization 56-6589155 C/O SYNOVUS TRUST COMPANY, NA FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THROUGH INVESTMENT INCOME FORM 990, PART VI, SECTION B, LINE 11: SYNOVUS TRUST COMPANY REVIEWS THE TAX RETURN PART VI, SECTION C, LINE 19: THEY ARE AVAILABLE UPON REQUEST.