See a Social Security Number? Say Something!
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Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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*

Department of the Treasury
Internal Revenue Service

OMB No. 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning January 1, 2010, and ending December 31, 2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Friends of Callawassie Island, Inc. (FOCI)

Number and street (or P O box, if mail is not delivered to street address): 176 Callawassie Drive

Room/suite:

City or town, state or country, and ZIP + 4: Okatie, SC 29909-4229

D Employer identification number: 57-1115517

E Telephone number: 843-987-3738

F Group Exemption Number ▶ N/A

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:** ▶ N/A

J **Tax-exempt status** (check only one) – ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (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 $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 52,178

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	46339
	2	Program service revenue including government fees and contracts		2	-0-
	3	Membership dues and assessments		3	-0-
	4	Investment income		4	277
	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	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a -0-		
	b	Gross income from fundraising events (not including $ 29,065 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b 5562		
	c	Less: direct expenses from gaming and fundraising events	6c 9997		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	(4435)
	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 in Schedule O)		8	-0-
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	42181
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	33878
	11	Benefits paid to or for members		11	-0-
	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	-0-
	15	Printing, publications, postage, and shipping		15	752
	16	Other expenses (describe in Schedule O)		16	423
	17	**Total expenses.** Add lines 10 through 16 ▶		17	35,053
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	7,128
	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	27,813
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-0-
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	34,941

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12 99

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	27,813	22	34,941
23	Land and buildings	-0-	23	-0-
24	Other assets (describe in Schedule O)	-0-	24	-0-
25	**Total assets**	27,813	25	34,941
26	**Total liabilities** (describe in Schedule O)	-0-	26	-0-
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	27,813	27	27,813

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? Human Services
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.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 We do not have our own programs. We give our funds to public education institutions and/or other non-profit charitable organizations. See list of grants Foci awarded on schedule O.
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a

29
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 29a

30
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Roger Kennedy 88 Osprey Cr OKatie, SC 29909	President 4.5 *	-0-	-0-	-0-
Melinda Welker 79 Winding Oak Dr. OKatie, SC 29909	Treasurer 2	-0-	-0-	-0-
Sandy Houdenslagel 237 Callawassie Dr OKatie, SC 29909	Secretary 2	-0-	-0-	-0-
Elaine Diaz 45 Winding Oak Dr OKatie, SC 29909	Corresponding Secretary 2	-0-	-0-	-0-
David Denton 4 N. Oak Forest OKatie, SC 29909	1	-0-	-0-	-0-
Linda Diana 18 Island Creek Dr. OKatie SC 29909	1	-0-	-0-	-0-
Gene Durick 2 N Oak Forest Dr. OKatie, SC 29909	1	-0-	-0-	-0-
David Gruszewski 10 River Marsh Ct OKatie, SC 29909	1	-0-	-0-	-0-
Glenn Hood 2 Heron Walk OKatie, SC 29909	1	-0-	-0-	-0-
Cindy Levy 16 Wild Magnolia Ln, OKatie, SC 29909	1	-0-	-0-	-0-
Richard Porter 18 Links Dr, OKatie, SC 29909	1	-0-	-0-	-0-
Michael MacGee 6 Osprey Cr OKatie, SC 29909	1	-0-	-0-	-0-

* Hours exclude additional volunteer work on special events in addition to above.

Part V **Other Information** (Note the statement requirements in the instructions for Part V.)
Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
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, explain in Schedule O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a N/A			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
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 ▶ -0-			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ -0-			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		X
41	List the states with which a copy of this return is filed. ▶ South Carolina			
42a	The organization's books are in care of ▶ Melinda Welker Telephone no. ▶ (843) 987-3738			
	Located at ▶ 79 Winding Oak Dr. OKatie, SC ZIP + 4 ▶ 29909-4229			
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)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			
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
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

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 47–49b and 52, and complete the tables for lines 50 and 51.

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

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
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				
ALL VOLUNTEER				

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶ ☑ Yes ☐ No

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

Sign Here

▶ Melinda Welker — Signature of officer — Date: April 11, 2011

▶ MELINDA WELKER, TREASURER — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

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

2010

Open to Public Inspection

Name of the organization
Friends of Callawassie Island, Inc.

Employer identification number
57-1115517

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 33⅓% 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 33⅓% 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?

		Yes	No
(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?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

#57-1115517

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(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 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . . 15 %

16a **33⅓% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33⅓% support test—2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2010.** 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 . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2009.** 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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24124	48242	38036	42821	46339	199562
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	5257	6148	4891	3076	5562	24934
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-	-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	29381	54390	42927	45897	51901	224,496
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1185	10,717	18,427	19,381	23,312	73,022
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	-0-	-0-	-0-	-0-	-0-	-0-
c Add lines 7a and 7b	1185	10,717	18427	19381	23312	73,022
8 **Public support** (Subtract line 7c from line 6.)	28196	43673	24500	26516	28589	151,474

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	29381	54390	42927	45897	51901	224,496
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-0-	243	726	342	277	1588
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-	243	726	342	277	1588
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.)	29381	54633	43653	46239	52178	226,084

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** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	67%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	76%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	.7%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	.6%

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

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

Part IV **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. Also complete this part for any additional information. (See instructions).

N/A

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.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: Friends of Callawassie Island (FOCI)

Employer identification number: 57-1115517

- Line 10: Grants and similar amounts paid:

Charity Name:	Amount of Grant:
1) Beaufort-Jasper Academy for Career Excellence	$ 1728.00
2) Beaufort Symphony Orchestra / Youth Orchestra	2200.00
3) Boys and Girls Club of Jasper County	3000.00
4) Boys and Girls Club of Bluffton	2,000.00
5) Friends of Carolina Hospice / Bereavement Support for Children	1500.00
6) Help Mobile Meals of Beaufort	1000.00
7) Hospice Care of the Lowcountry / Computer Equipment	1500.00
8) MEDIASSIST of Sheldon	2500.00
9) MEDI ASSIST of Bluffton	2,000.00
10) Literary Volunteers of the Lowcountry	1500.00
11) Technical College of the Lowcountry	2,000.00
12) Habitat for Humanity (Hilton Head)	1500.00
13) Beaufort Women's Center	2000.00
14) Pregnancy Center and Clinic of the Lowcountry	3,000.00
15) Born to Read	1,000.00
16) CAPA (Child Abuse Prevention)	3,000.00
17) Bluffton Self-Help	1200.00
18) Treat the Troops	1250.00
	$ 33,878.00

Grants paid in 2010

- Line 16: Other Expenses: $423.00 (Total)

1) Secretary of State (South Carolina) Annual Registration / Application for Exemption	50.00
2) The Hartford: Liability Insurance	373.00
	$ 423.00

Name of the organization

Employer identification number
57-1115517

N/A (See page 1)

REGIONS BANK
P.O. BOX 11007
BIRMINGHAM, AL 35288

00207737 01 AT 0 357 001
FRIENDS OF CALLAWASSIE ISLAND INC
79 WINDING OAK DR
OKATIE SC 29909-4225

04019

For instructions for this form, please see the reverse side of this page.

REGIONS

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no	3 Interest on U S Savings Bonds and Treas obligations	Copy B - For Recipient	OMB No 1545-0112
REGIONS BANK **P.O. BOX 11007** **BIRMINGHAM, AL 35288** **1-800-REGIONS (734-4667)**	5 Investment expenses 6 Foreign tax paid	**This is important tax information and is being furnished to the Internal Revenue Service If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported**	**2010** Form **1099-INT**

PAYER'S federal identification number	RECIPIENT'S identification number		10 Tax-exempt bond CUSIP no (see instructions)		
630371391	**571115517**				
8 Tax-exempt interest	9 Specified private activity bond interest	Account Number (see instructions)	1 Interest income	2 Early Withdrawal Penalty	**4 Federal income tax withheld**
RECIPIENT'S name, street address (including apt no), city, state, and ZIP code **FRIENDS OF CALLAWASSIE ISLAND INC** **79 WINDING OAK DR** **OKATIE SC 29909-4225**		**CD-000000435532304** **CD-000000435532270**	**$ 132 38** **$ 87 22**		
		TOTALS	**$ 219 60**	**00**	**00**

Form **1099-INT** (keep for your records) Department of the Treasury - Internal Revenue Service

JOB111127109INT00014038738

IPPL V10.2 IRS YEAR-END TIN MATCH OPERATOR: REGIONS

TIN . . . . . : 57-1115517 FRIENDS OF CALLAWASSIE ISLAND INC
W/H STATUS . : 79 WINDING OAK DR
ZIP CODE . . : 29909 OKATIE SC

	ORGZ	ACCOUNT NUM	CATG	TY	AMOUNT	FED WITHHOLDING
_	00001	000000435532270	9I	10	87.22+	.00
_	00001	000000435532304	9I	10	132.38+	.00
_	00001	000000086489275	9I	10	57.72+	.00

TOTAL: 277.32+

I590-0007 NO MORE RECORDS
ENTER PF03=EXIT PF05=REFRESH
PF07=BKWD PF08=FRWD

```
IA9I V10.2          IRS YEAR-END ACCOUNT AMOUNTS              OPERATOR: REGIONS
BANK . . . . . : 00001 REGIONS BANK                    INSTL TAX YEAR: 2010
SELECT CODE    :        NEXT ORG#:                         LAST CHG ID:
     * * *  CHANGES MADE ON THIS SCREEN AFFECT THIS ACCOUNT ONLY  * * *
TIN . . . . . : 571115517          DEPOSIT: 30              PRIORITY: 03
ACCOUNT BRANCH: 0000               PRODUCT: C4              IRS CODE: 9I
ACCOUNT NUMBER: 000000086489275  PROD NM: CERT. OF DEP___  IRS FORM: 1099-INT
NAME/ADDRESS 1: FRIENDS OF CALLAWASSIE ISLAND INC         TAX YEAR: 2010
    STATE CODE: SC           PAYMENT MONTH: __      STATE RECORD EXIST: NO
INTEREST  . . :          57.72 +
PENALTY . . . :            .00 +                  STATE W/HLDG:            .00 +

FED TAX WTHELD:            .00 + NON-CON: _
FOREIGN TAX    :           .00 +
INVST EXPENSES:            .00 +

TAX EXMPT INT :            .00 +                              CORR RSN: _
SPEC BOND INT :            .00 +                              CORR  CD: _
ENDING BALANCE:            .00 +                              CORR  MO: 2-1-1
                                                              WRT SELF: _
                                                              LAST CHG: I23110
I541-0003 ACCESS IS RESTRICTED TO INQUIRY-ONLY FOR THIS ORGANIZATION
ENTER PF01=HELP   PF02=ISDA   PF03=EXIT   PF04=FSTADD PF05=REFRESH  PF06=IRPS
      PF07=BKWD   PF08=FRWD   PF09=IANA               PF11=IAW$     PF12=IACL
```