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Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Department of the Treasury Internal Revenue Service Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

For	alen	dar year 2010, or tax	year beginning)			, and e	nding		
G	heck	all that apply:	Initial retur	'n		Initial return of a fo	ormer public c	harity	Final returi	1
_			Amended	return	L	Address chan	ge		Name change	
Nai	ne of	foundation							A Employer identification	n number
			BENEVOLE						F7 C001FC3	•
Nur	nher a	OF THE O						Room/suite	57-6001563)
140	ilber a	PO BOX 2		ciiveied to street	addiess			1100m/saite	B Telephone number 843-577-66	30
Cit	or to	own, state, and ZIP co							C If exemption application is p	
"	01 10	CHARLEST		29402					D 1. Foreign organization	
H (heck	type of organization:				vate foundation			Foreign organizations me check here and attach co	eeting the 85% test,
	_	ction 4947(a)(1) none				able private founda	ation			
I Fa		rket value of all asset	•	J Accounti	ng metho	od: X Cash	Accr	ual	E If private foundation sta under section 507(b)(1	
(fi	om F	Part II, col (c), line 1	16)		ther (spec				F If the foundation is in a	60-month termination
	\$	2,0)69,958.	(Part I, colu	mn (d) n	nust be on cash l	basis)		under section 507(b)(1)(B), check here
Pa	<u>irt l</u>	Analysis of Revenu (The total of amounts in necessarily equal the air	n columns (b), (c), a	nd (d) may not		Revenue and enses per books	(b) Net in inco		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts,	grants, etc., rece	eived		16,803.				
	2	Check X if the fou		to attach Sch B						
	3	Interest on savings and to cash investments	temporary							
	4	Dividends and interes	st from securitie	S		50,886.	5	0,886.	50,886.	STATEMENT 1
	1 .	Gross rents								
	_	Net rental income or (los			ļ	-2 067				
e	ba	Net gain or (loss) from sa Gross sales price for all				<2,867.	>			
Revenue	b Gross sales price for all assets on line 6a 149,424. 7 Capital gain net income (from Part IV, line 2)							0.		
æ	8	Net short-term capita		,					0.	
	9	Income modification	•							
	10a	Gross sales less returns and allowances								
	b	Less Cost of goods sold	d							
	С	Gross profit or (loss))							
	11	Other income								
	12	Total. Add lines 1 th				<u>64,822.</u>	5	<u>0,886</u>		
	13	Compensation of officers		s, etc		0.	-	0.	0.	0.
	14	Other employee salar	•							
ses	15	Pension plans, emple Legal fees	oyee benefits							
		Accounting fees	ST	rmt 2		600.		600.	0.	0.
EXPE		Other professional fe								
	17 📮	Interest [13 /F F								
and Administrative	18~	Faxes C CL) Si	гмт 3		129.		0.	0.	0.
nist 1	19 A	Depreciation and dep								
頭	20 1	Occupancy 2011	ြဒုံ			800.		0 .	0.	0.
Ą	21	Travel, conferences,				010				010
<u>_</u>	(22 (Pfinting and publicat Other expenses		nsem 4		912.	1	0.		
ting	23 24			MT 4		69,773.		1,103	0.	58,620.
Operating	24	Total operating and expenses. Add lines				72,214.	1	1,703	. 0.	59,532.
Ö	25	Contributions, gifts,				33,950.		_,,,,,,		33,950.
		Total expenses and								
	L	Add lines 24 and 25				106,164.	1	1,703	0.	93,482.
	27	Subtract line 26 from	n line 12:							
	a	Excess of revenue over	expenses and disb	ursements	<u></u>	<41,342.				
	b	Net investment inco	me (if negative, en	ter -0-)			3	<u>9,183</u>	50.006	

¹₁₀ LHA For Paperwork Reduction Act Notice, see the instructions.

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	Part li Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only		Beginning of year		End of year		
P	art	column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
\neg	1	Cash - non-interest-bearing	72,422.	129,492.	129,492.		
	2	Savings and temporary cash investments					
	3	Accounts receivable ▶					
		Less: allowance for doubtful accounts ▶					
	4	Pledges receivable ▶					
		Less: allowance for doubtful accounts ▶					
	5	Grants receivable					
	-	Receivables due from officers, directors, trustees, and other					
		disqualified persons					
	7	Other notes and loans receivable					
	•	Less: allowance for doubtful accounts		1			
s	8	Inventories for sale or use					
Assets	-	Prepaid expenses and deferred charges					
As		Investments - U.S. and state government obligations					
		Investments - corporate stock STMT 5	219,008.	137,008.	114,909.		
		Investments - corporate bonds STMT 6	1,312,052.		1,293,232.		
		Investments - land, buildings, and equipment basis		-/-: -/			
	' '	Less accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other STMT 7	473,529.	491,439.	532,325.		
		Land, buildings, and equipment: basis					
	17	Less accumulated depreciation					
	15	Other assets (describe	1,098.	0.	0.		
	''	Citici assets (accombe >	2/0500				
	16	Total assets (to be completed by all filers)	2,078,109.	2,036,767.	2,069,958.		
_	17						
	18	Grants payable					
u)	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
į	21	Mortgages and other notes payable					
Ë	22						
		,					
	23	Total liabilities (add lines 17 through 22)	0.	0.			
_		Foundations that follow SFAS 117, check here					
		and complete lines 24 through 26 and lines 30 and 31					
es	24	Unrestricted	100,000.	100,000.			
anc	25	Temporarily restricted					
Fund Balances	26	Permanently restricted	1,978,109.	1,936,767.			
P		Foundations that do not follow SFAS 117, check here		1			
		and complete lines 27 through 31					
ō	27	Capital stock, trust principal, or current funds					
sets	28	Paid-in or capital surplus, or land, bldg., and equipment fund					
Net Assets or	29	Retained earnings, accumulated income, endowment, or other funds					
ét	30	Total net assets or fund balances	2,078,109.	2,036,767.			
~	-						
	31	Total liabilities and net assets/fund balances	2,078,109.	2,036,767.	 		
ГР	art		alances				
1		I net assets or fund balances at beginning of year - Part II, column (a), line (3 U		2 079 100		
_	•	st agree with end-of-year figure reported on prior year's return)		1	2,078,109. <41,342.>		
		r amount from Part I, line 27a		2			
		r increases not included in line 2 (itemize)		3	<u>2,036,767.</u>		
		lines 1, 2, and 3		4	2,036,767.		
-		eases not included in line 2 (itemize) I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (h) line 30	5 6	2,036,767.		
0	ıUla	ו חופנ מססטנס טו זעווע שמומוטכס מנ פווע טו צפמו נוווופ 4 וווווועס וווופ טן - רמו ל זו, טט	idinii (D), iiilo OO	101	Form 990-PF (2010)		

Form 990-PF (2010) OF 1	IES BENEVOLENT S THE CITY OF CHAR	LESTON			<u> </u>	57	7-600	1563	Page 3
(a) List and descri	and Losses for Tax on In the the kind(s) of property sold (e.g. rehouse; or common stock, 200 shs	., real estate,	come	(b) How ac P - Purcl D - Dona	quired nase ition	(c) Date a (mo., da	cquired iy, yr.)	(d) Date (mo., da	sold sy, yr.)
1a UBS-PUBLICY TRA	ADED SECURITIES	. —				VARI(OUS	VARIO	ous
b									
<u>c</u>									
<u>d</u>							<u>-</u>		
<u>e</u>	(I) Decreased and allowed	(-) Coot o	ather beaus	1		(h) Co	un or (loos	<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale				in or (loss (f) minus		
a 149,424.		· · · · · · · · · · · · · · · · · · ·	152,29	1.		····		<2	,867
b									
C									
d									
е									
Complete only for assets showing	g gain in column (h) and owned by						ol. (h) gair ot less tha		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (ı) (ı), ıf any	Ì	COI.	Losses (from col.	(h))	
	dS 01 12/3 1/09	Over coi.	(1), 11 ally					-2	,867
<u>a</u>									,007
b c									-
d									
e									
2 Capital gain net income or (net cap	(' "	- ın Part I, line 7		} 2				<2	,867
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, if (loss), enter -0- in Part I, line 8	column (c).			}					0
Part V Qualification U	nder Section 4940(e) for	Reduced Ta	ax on Net	Investn	nent Inc	ome			
(For optional use by domestic private	foundations subject to the section	4940(a) tax on net	investment ir	ncome.)					
If section 4940(d)(2) applies, leave th	nis part blank.								
Was the foundation liable for the sect		nount of any year i	n the base pe	rıod?				Yes	X No
If "Yes," the foundation does not quali									
	each column for each year; see instr	uctions before ma	king any entri			1		(4)	
(a) Base period years	Adjusted qualifying dis	tributions N	let value of no	(C) ancharitable-	etasse asu	ļ,	Distri	(d) bution ratio	(a))
Calendar year (or tax year beginning	19 111)	3,238.	- Value of the		8,688	_+	(cor (n) ai	vided by col.	4442:
2009 2008		3,381.			4,165				43334
2007		9,126.			2,611				4218
2006		4,985.			$\frac{2}{2}, \frac{312}{372}$				4538
2005		2,077.			1,152				39148
					•				
2 Total of line 1, column (d)						2		.2	<u> 1448:</u>
3 Average distribution ratio for the 5	5-year base period - divide the total	on line 2 by 5, or t	y the number	r of years		1 1		_	
the foundation has been in exister	nce if less than 5 years					3		.0	4289
4 Enter the net value of noncharitab	lle-use assets for 2010 from Part X	line 5				4		1,978	. 639
- Futer the net value of honorigitati	no and annote for 20 to HUILLE ALL A,	mio o						,_,	<u>,</u>
5 Multiply line 4 by line 3						5		84	,876
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6			<u> 392</u>
5 Ald 5 10								0 F	260
7 Add lines 5 and 6						7			<u>,268</u>

93,482.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

10

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? if "yes," attach a schedule listing their names and addresses

Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X Website address ► N/A 14 The books are in care of ► MRS. JOHN A. STUHR Located at ► PO BOX 21408, CHARLESTON, SC Telephone no. ►843-577-6620 ZIP+4 ►29402	X X No
section 512(b)(13)? If "Yes," attach schedule (see instructions) 12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X Website address ► N/A 14 The books are in care of ► MRS JOHN A. STUHR Located at ► PO BOX 21408, CHARLESTON, SC Telephone no. ►843-577-6620	X
Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X Website address ► N/A 14 The books are in care of ► MRS. JOHN A. STUHR Located at ► PO BOX 21408, CHARLESTON, SC Telephone no. ►843-577-6620 ZIP+4 ►29402	X
August 17, 2008? 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 12 13 X 13 X Website address > N/A 14 The books are in care of > MRS. JOHN A. STUHR Located at > PO BOX 21408, CHARLESTON, SC Telephone no. > 843-577-6620 ZIP+4 > 29402	No
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A 14 The books are in care of ► MRS. JOHN A. STUHR Located at ► PO BOX 21408, CHARLESTON, SC Telephone no. ►843-577-6620 ZIP+4 ►29402	No
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14 The books are in care of ▶ MRS. JOHN A. STUHR Telephone no. ▶ 843-577-6620 Located at ▶ PO BOX 21408, CHARLESTON, SC ZIP+4 ▶ 29402	
Located at ►PO BOX 21408, CHARLESTON, SC ZIP+4 ►29402	
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here ►	
and enter the amount of tax-exempt interest received or accrued during the year	
16 At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, Yes	<u>x</u> —
securities, or other financial account in a foreign country?	
See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of	
the foreign country	
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required	
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	No
1a During the year did the foundation (either directly or indirectly):	
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	
a disqualified person?	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No	
(6) Agree to pay money or property to a government official? (Exception Check "No"	
If the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No	
termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? N/A	
Organizations relying on a current notice regarding disaster assistance check here	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	
	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	
defined in section 4942(j)(3) or 4942(j)(5)):	
a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	
before 2010? Yes X No	
If "Yes," list the years >	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	
statement - see instructions.) N/A 2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	
>	
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	
during the year?	
b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after	
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	
Form 4720, to determine if the foundation had excess business holdings in 2010) N/A By the foundation invest during the very any amount to a manner that would incorrelize the shorttable purposes?	_
	<u>x</u> _
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010? 4b	x
Form 990-PF (20	

2 Compensation of five highest-paid employees (other than those i	ncluded on line 1). If none	, enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
· · · · · · · · · · · · · · · · · · ·				
Total number of other employees paid over \$50,000		-	<u> </u>	C
וטומן וועוווטטן טו טווטן טוווטוטן טווטן טווט טוועווטן טוועווטטן טוועווטטן טוועווטטן טוועווטטן טוועווטטן טוועוו				

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		·
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
		
	•	0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
		
1	-	
SEE STATEMENT 9	\dashv	59,532.
		33,332.
2	-	
3		
3	7	
	7	
4		
	7	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
2	_	
	_	
All other program-related investments. See instructions.		
3	_	
	_	
Total. Add lines 1 through 3		0.
	Forn	n 990-PF (2010)

5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

orr	m 990-PF (2010) OF THE CITY OF CHARLESTON	<u> 57-</u>	6001563	Page 8
Pa	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fo	undations, s	ee instructions)	
1,	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		_	
a	Average monthly fair market value of securities	1a	1,915 93	<u>,701.</u>
b	Average of monthly cash balances	1b	93	<u>,070.</u>
C	Fair market value of all other assets	1c		
d	Total (add lines 1a, b, and c)	1d	2,008	<u>,771.</u>
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation) 1e 0	•		
2	Acquisition indebtedness applicable to line 1 assets	2		0.
3	Subtract line 2 from line 1d	3	2,008	<u>,771.</u>
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4		<u>,132.</u>
5	Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,978	<u>,639.</u>
6	Minimum investment return. Enter 5% of line 5	6	98	<u>,932.</u>
P	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations check here X and do not complete this part.)	and certain		
1	Minimum investment return from Part X, line 6	1		
2a	Tax on investment income for 2010 from Part VI, line 5			
b	Income tax for 2010 (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b	2c		
3	Distributable amount before adjustments. Subtract line 2c from line 1	3		
4	Recoveries of amounts treated as qualifying distributions	4		
5	Add lines 3 and 4	5		
6	Deduction from distributable amount (see instructions)	6		
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	<u>. </u>	
Р	Part XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	93	<u>,482.</u>
b	Program-related investments - total from Part IX-B	1b		0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2		
3	Amounts set aside for specific charitable projects that satisfy the.			
a	Suitability test (prior IRS approval required)	3a		
b	Cash distribution test (attach the required schedule)	3b		
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	93	,482.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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93,090.

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (s	ee instructions)	N/A		
	(a)	(b)	(c)	(d)
,	Corpus	Years prior to 2009	2009	2010
1 Distributable amount for 2010 from Part XI,				
line 7				
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only				
b Total for prior years:				
,,				
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e				
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$				
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)				<u> </u>
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2010 distributable amount				
e Remaining amount distributed out of corpus				
Excess distributions carryover applied to 2010 (if an amount appears in column (d), the same amount				
must be shown in column (a))				
6 Enter the net total of each column as				
indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	_			
b Prior years' undistributed income. Subtract				
line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed				
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		_	<u></u>	
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must				
be distributed in 2011 7 Amounts treated as distributions out of				<u> </u>
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2011				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				<u> </u>
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				
9 ENGODO 11 OTT EO 10				5 000 DE (50.00)

023581 12-07-10 OF THE CITY OF CHARLESTON

Part XIV Private Operating Fo	oundations (see ins	structions and Part VII-	A, question 9)		
1 a If the foundation has received a ruling or	determination letter that	it is a private operating		•	
foundation, and the ruling is effective for	2010, enter the date of t	he ruling	>		
b Check box to indicate whether the found	ation is a private operatin	g foundation described in	n section X	4942(j)(3) or 494	2(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed	50,886.	0.	0.	0.	50,886.
b 85% of line 2a	43,253.	0.	0.	0.	43,253.
c Qualifying distributions from Part XII,					
line 4 for each year listed	93,482.	73,687.	92,240.	89,126.	348,535.
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c	93,482.	73,687.	92,240.	89,126.	<u>348,535.</u>
3 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					0.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed	65,955.	0.	0.	0.	65,955.
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0.
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					0.
(3) Largest amount of support from					
an exempt organization					0.
(4) Gross investment income					0.
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	re in assets
at any time during t	he year-see the i	nstructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			ributions received by the f	foundation before the close	of any tax
year (but only if they have contributed n	nore man \$5,000). (See S	ection 507(u)(z).)			
NONE					
b List any managers of the foundation who other entity) of which the foundation has			or an equally large portion	n of the ownership of a pai	tnership or
* */	o a 1070 or groater micros	···			
NONE	0	O-balawahia ata Du			
2 Information Regarding Contribution Check here ► X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does no		
a The name, address, and telephone num	<u> </u>			,,,,	
a The hame, address, and telephone ham	bor or the person to who	n approacions should be	404,00004.		
b The form in which applications should be	pe submitted and informa	tion and materials they sh	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kınds of institutions, or of	ther factors:	
		· · · · · · · · · · · · · · · · · · ·	-		orm 000-PE (2010)

OF THE CITY OF CHARLESTON

1071 MORRISON DRIVE CHARLESTON, SC 29403 QUALITY TIME 405 KING STREET CHARLESTON, SC 29403 HARVEST FREE MEDICAL CLINIC 1670 DRY DOCK AVE NORTH CHARLESTON, SC 29405 BARRIER ISLAND FREE MEDICAL CLINIC 3226 MAYBANK HIGHWAY JOHNS ISLAND, SC 29455 HELP FOUNDATION PO BOX 30335 PHOENIX, AZ 85066 Total Total DUBLIC THOSE LIVING WELL WITH PARTIAL VISION PUBLIC FUBLIC SUPPORT FOR RESPITE CAME PUBLIC PUBLIC PUBLIC SUPPORT FOR NURSING AND MEDICAL CAME FOR THE NEEDY 21,950. MEDICAL CLINIC PUBLIC PUBLIC PUBLIC SUPPORT FOR PUBLIC CLINFORT FOR PUBLIC SUPPORT FOR PRESCRIPTION MEDICAL SUPPLIES FOR Total Approved for future payment NONE	Part XV Supplementary Information	(continued)		-	
Name and address (home or business) Show any relationship to a propose of grain or show any relationship or show any	3 Grants and Contributions Paid During the You	ear or Approved for Future	Payment		
Rame and address (home or business) a Pay foundation manages roughed or formed to substantial controlled rough the year ASSOCIATION FOR THE BLIND 1071 MORRISON DRIVE CHARLESTON, SC 29403 PUBLIC PUBLIC SUPPORT FOR PHOSE LIVING WELL WITH PARTIAL VISION ARE ARTIAL VISION ARE	. Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
ASSOCIATION FOR THE BLIND 1071 MORISON DATES CHARLESTON, SC 29403 QUALITY TIME 405 KING STREET CHARLESTON, SC 29403 HARVEST FREE MEDICAL CLINIC 1670 DRY DOCK AVE NORTH CHARLESTON, SC 29405 BARRIER ISLAND FREE MEDICAL CLINIC 3,000. BARRIER ISLAND FREE MEDICAL CLINIC 3,000. PUBLIC PUBLIC SUPPORT FOR RESPITE CARE PUBLIC SUPP	Name and address (home or business)	any foundation manager		contribution	Amount
### Approved for future payment* ### Ap	ASSOCIATION FOR THE BLIND 1071 MORRISON DRIVE		PUBLIC	THOSE LIVING WELL WITH	5,000.
CLINIC 1670 DRY DOCK AVE NORTH CHARLESTON, SC 29405 BARRIER ISLAND FREE MEDICAL CLINIC 3226 MAYBANK HIGHWAY JOHNS ISLAND, SC 29455 HELP FOUNDATION PO BOX 90335 PHOENIX, AZ 85066 Total Total NURSING AND MEDICAL CARE FOR THE NEEDY 21,950. 22,000. 23,950.	405 KING STREET		PUBLIC		3,000.
MEDICAL CLINIC 3226 MAYBANK HIGHWAY JOHNS ISLAND, SC 29455 HELP FOUNDATION PO BOX 90335 PHOENIX, AZ 85066 Total Total NONE	CLINIC 1670 DRY DOCK AVE NORTH		PUBLIC	NURSING AND MEDICAL	2,000.
PO BOX 90335 PHOENIX, AZ **RESCRIPTION MEDICAL SUPPLIES FOR** **Total** **NONE** **NONE** **PRESCRIPTION MEDICAL SUPPLIES FOR** **NONE** **PRESCRIPTION MEDICAL SUPPLIES FOR** **NONE** **NONE** **PRESCRIPTION MEDICAL SUPPLIES FOR** **NONE** **NONE** **PRESCRIPTION MEDICAL SUPPLIES FOR** **NONE** **NON	MEDICAL CLINIC 3226 MAYBANK HIGHWAY		PUBLIC	NURSING AND MEDICAL	21,950.
NONE NONE	PO BOX 90335 PHOENIX, AZ		PUBLIC	PRESCRIPTION MEDICATIONS AND	2,000.
NONE NONE	Total			32	33 950.
					3373301
	NONE				
20241 12:07:10	Total				0.

Form **990-PF** (2010)

023611 12-07-10

Part XVI-A Analysis of Income-Producing Activities

	Unrolated	hueinese income	Evaluate	nd by cection 512 513 or 514	
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code		
ab	-				
	1				
		· · · · · · · · · · · · · · · · · · ·			
d				,	
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	50,886.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property			<u> </u>		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	<2,867.	<u>></u>
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b	_		_		
c			ļ- — i		
d	-				
e	-		ļ — ļ	40.040	
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	0.	<u> </u>	48,019.	
13 Total. Add line 12, columns (b), (d), and (e)				13	48,019.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	mplishment of Ex	cempt	Purposes	
Line No. Explain below how each activity for which inc		aclumn (a) of Dart VIII A	oontribi	uted importantly to the seese	anlichment of
Explain below how each activity for which income the foundation's exempt purposes (other that			COMMIDE	Med importantly to the accom	ipiisiirient oi
8 LADIES BENEVOLENT SOCI			IPPOF	RTED BY ENDOW	MENT FUNDS.
INVESTMENT TRANSACTION					
ORGANIZATION IS ABLE T					
FOR MEDICAL NEEDS.					
011 112 011 112 112 112 112 112 112 112					
			,		
	-				
023621 12-07-10					Form 990-PF (2010)

Form 990-F		E CITY OF C				57-6001563	Page 13
Part X\					nd Relationships	With Noncharitable	
	Exempt Organ				•		
1, Did th	ne organization directly or indi		e following with	any other organization	described in section 50°	1(c) of	Yes No
	ode (other than section 501(o						
	fers from the reporting found						
(1) (•					1a(1)	x
	Other assets					1a(2)	
	transactions:						
	Sales of assets to a noncharita	able exempt organization				1b(1)	_ x
	Purchases of assets from a no	· -	nization			1b(2)	
	Rental of facilities, equipment,					1b(3)	
	Reimbursement arrangements					1b(4)	
-	oans or loan guarantees					1b(5)	
-	Performance of services or me	embership or fundraising	solicitations			1b(6)	1 1
	ng of facilities, equipment, ma			S		10	X
	answer to any of the above is	•			avs show the fair market		
	vices given by the reporting f		-				,
	nn (d) the value of the goods,				•		
(a) Line no	(b) Amount involved	(c) Name of non	charitable exem	pt organization	(d) Description of trans	sfers, transactions, and sharing a	rangements
			N/A				
							_
							_
							_
							_
							_
2a Is the	foundation directly or indirec	ctly affiliated with, or relate	ed to, one or mo	re tax-exempt organiza	ations described		
in sec	ction 501(c) of the Code (othe	er than section 501(c)(3))	or in section 52	7?		Yes	X No
b If "Ye	s," complete the following sch	nedule.				_	
	(a) Name of or	ganization	(b) T	ype of organization	(c) Des	scription of relationship	
	N/A						
	Under penalties of perjury, I declar					f my knowledge and belief, it is tr	ue, correct,
Sign	and complete Declaration of prep	parer (other than taxpayer or for	uciary) is based on	all information of which pr		10 101	
Here	(untere)	N W. Ste	WKL_	<u> </u>	111	reasurer_	
	Signature of officer or tr	ustee		Date	Title		
	Print/Type preparer's n	ame Pro	pare r's signatur	8/n. I	Date Check		
Paid	DEANNA R.	Moss	XIVE	SUPA 1	Self- 6	employed	_
Prepar	er		• •		• •		

843-606-2349

Firm's EIN

Use Only Firm's name ► MOSS & LEWIS CPA PA

Firm's address ▶ P.O. BOX 2425

MOUNT PLEASANT, SC 29465

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUF	RITIES	STAT	EMENT	1
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN (A) AMOUNT		
UBS DIVIDENDS UBS INTEREST	-		40,518. 10,368.		0.		40,51	
TOTAL TO FM 990-PF, PART I, LN			50,886.		0.		50,88	36.
FORM 990-PF	AC	COUNTI	NG FEES			STAT	EMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC					
ACCOUNTING FEES		600.	600.			0.		0.
TO FORM 990-PF, PG 1, LN 16B		600.		600.		0.		0.
FORM 990-PF		TAX	ES			STAT	'EMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT IN		(C) ADJUSTED NET INCOM		(D) HARITAE PURPOSE	
FEDERAL EXCISE TAX		129.	·	0.	 -	0.		0.
TO FORM 990-PF, PG 1, LN 18	-	129.		0.		0.		0.
FORM 990-PF		OTHER EXPENSES		-	STATEMENT 4			
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT IN		(C) ADJUSTED NET INCOM		(D) HARITAE PURPOSE	
AID TO NEEDY MEDICINES AND SUPPLIES CHARLESTON AREA SENIOR		6,900. 4,143.		0.		0.	6,90 14,14	
CHARLESTON AREA SENIOR CITIZENS CHARLESTON WEBB NURSE SECREATRY OF STATE FEE INSURANCE	2	9,125. 5,000. 50. 2,147.		0. 0. 0.		0. 0. 0.	9,12 25,00 2,14	00.

LADIES BENEVOLENT SOCIETY OF THE CI	TY OF		57-60015	63	
CHARITABLE DONATIONS 1	.60.	0.	0. 16		
-	50.	0.	0. 45		
INVESTEMNT FEES 11,1		,103.		0.	
PARTY EXPENSES 6	95.	0.	0. 69 ——	<u>5.</u>	
TO FORM 990-PF, PG 1, LN 23 69,7	73. 11,	,103.	0. 58,620.		
FORM 990-PF CORPO	RATE STOCK		STATEMENT	5	
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE	ł	
		25 224		_	
GMAC SMARTNOTES		25,004.			
LEHMAN BROS HLDGS INC.		31,000. 50,004.		7,169.	
MERRILL LYNCH & CO BANK OF AMERICA INTERNOTES CALLABLE	31,000.	52,37 4. 30,558.			
TOTAL TO FORM 990-PF, PART II, LINE 1	137,008.		114,909.		
TOTAL TO FORM 350 II, TAKE II, BIND I			= =====================================	_	
FORM 990-PF CORPC	PRATE BONDS		STATEMENT	6	
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE	ı	
AMERICAN FUNDS GROWTH FUND OF AMERICA	י יי איי פי	350,097.	3/3 30	Ω	
EATON VANCE LARGE CAP VALUE FUND CLAS	369,842.	343,398. 339,442.			
IVY SMALL CAP VALUE FUND CLASS A	D A	77,046.	122,733.		
R S VALUE FUND CLASS A	104,890.	118,078.			
THORNBURG INTERNATIONAL VALUE FUND CI	ASS A	376,925.	369,086. 495.		
JOHNSON & JOHNSON		28.			
TOTAL TO FORM 990-PF, PART II, LINE 1	1,278,828.	1,293,23	1,293,232.		
FORM 990-PF OTHER	INVESTMENTS		STATEMENT	7	
	773 T 113 M T (N)		FAIR MARKET		
DESCRIPTION	VALUATION METHOD	BOOK VALUE	VALUE		
	COST				
DELAWARE DIVERSIFIED INCOME FUND		89,355.	. 97,75	7.	
CLASS A			•	_	
CLASS A FT TEMPLETON GLOBAL BOND A	COST	119,551.	. 136,61		
CLASS A	COST COST COST	119,551. 93,887.	. 136,61 . 97,13	5.	
CLASS A FT TEMPLETON GLOBAL BOND A PIMCO TOTAL RETURN FUND CLASS A	COST	119,551.	. 136,61 . 97,13	5.	

FORM 990-PF PART VIII - LISTEES AND	T OF OFFICERS, D. FOUNDATION MANAGE	STATI	EMENT 8	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
MRS. H BIEMANN OTHERSEN PO BOX 21408 CHARLESTON, SC 29402	SUPERINTENDENT 3.00	0.	0.	0
MRS. G. ROBERT GEORGE PO BOX 21408 CHARLESTON, SC 29402	JR. SUPERINTENT 3.00	DENT	0.	0
MRS HARRY C. DEMUTH PO BOX 21408 CHARLESTON, SC 29402	RECORDING SECR	ETARY 0.	0.	0
MRS. JOHN S. CARTER PO BOX 21408 CHARLESTON, SC 29402	CORRESPONDENT 3.00	SECRETARY 0.	0.	0
MRS. JOHN A. STUHR PO BOX 21408 CHARLESTON, SC 29402	TREASURER 3.00	0.	0.	0
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0
FORM 990-PF SUMMARY OF DIR	ECT CHARITABLE A	CTIVITIES	STAT	EMENT !
ACTIVITY ONE				
PROVIDES FINANCIAL ASSISTANCE TO CHARLESTON AREA TO MEET THEIR MED CONSISTS OF 1)MEDICINES, 2) MEDIC CARE.	ICAL NEEDS. THE	ASSISTANCE		
			EX	PENSES
TO FORM 990-PF, PART IX-A, LINE 1				59,532