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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)

OMB No 1545-0047

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

Open to Public Inspection

	A F	or the	2010 calendar year, or tax year beginning $APR \ 1$, 2010 and ending	MAR 31, 201	1
	Вс	heck if	C Name of organization	D Employer ident	ification number
		Addres	S COLUMN OF COLONIAL WAR		
		Name change			0764106
		Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
		Termin ated Amend	P.O. BOX 1523		-740- 9200
	<u> </u>	⊒return]Applic	City or town, state or country, and ZIP + 4	G Gross receipts \$	122,460.
	_	⊒tion pendin	CHARDESTON, SC 29402	H(a) Is this a group	
			122 WENTWORTH STREET, CHARLESTON, SC 2940	for affiliates? 1 H(b) Are all affiliates	Yes X No
	1 T	27.076			Included?YesNo a list. (see instructions)
			e: N/A	H(c) Group exempt	•
				ear of formation: 1983	M State of legal domicile: SC
			Summary	car or formation. 23 0 0	W otate of legal definione. DC
			Briefly describe the organization's mission or most significant activities: TO EDUCA	TE PUBLIC AB	OUT COLONIAL
	Governance	•	WARS AND PROVIDE FUNDING TO LOCAL HISTORICAL	AND RELIGIO	US
	r.		Check this box if the organization discontinued its operations or disposed of n		
	8	3	Number of voting members of the governing body (Part VI, line 1a)	į.	3 7
_	ত খ	4	Number of independent voting members of the governing body (Part VI, line 1b)	7	0
2011	es	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	Ţ.	
	Activities	6	Total number of volunteers (estimate if necessary)	[6	
6	Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7	
₩		b	Net unrelated business taxable income from Form 990-T, line 34	7	ь 0.
SCANNED AUG				Prior Year	Current Year
A	e		Contributions and grants (Part VIII, line 1h)	0	
	Revenue		Program service revenue (Part VIII, line 2g)	71,757	
茎	Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	2,630	
			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	74 307	-,
Ě	\dashv		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	74,387 5,500	
(QO)			Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,300	
	"		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	
	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0	
	per		Fotal fundraising expenses (Part IX, column (D), line 25)		•
	ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	179,018	. 48,406.
		18	Total expenses, Add lines 13-17 (must equal Part IV, column (A)	184 518	53,906.
		19		<110,131	.> 13,415.
	let Assets or and Balances			Beginning of Current Yea	
	sets	20	Total assets (Part X, line 16)	ρ 130,190	
	떓	21		<u> </u>	<u>- 1 </u>
	드리		Net assets or fund balances Subtract line 21 from line 20 OGDEN, UT		. 143,605.
			Signature Block		
			ties of perjury, I declare that I have examined this return, including accompanying schedules and sta		my knowledge and belief, it is
	true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		<u> </u>
			Signature of officer	\$7 - 3	>- 1/
	Sigr		· ·	Date	
	Here	e i	P. COOPER COKER IV, TREASURER Type or print name and title		_
				Date Check	PTIN
	Paid		Print/Type preparer's name ROBERT M. BALDWIN, CPA PROBERT M. BALDWIN,	l lif	
	Prep		Firm's name BALDWIN & ASSOCIATES, LLC	07/29/11 self-empl	
	Use		Firm's address 293 EAST BAY STREET	Firm's EIN	<u> </u>
		-··· · y	CHARLESTON, SC 29401	Dhone no	843-722-0785
	Mav	the IF	S discuss this return with the preparer shown above? (see instructions)	Tritone ito.	X Yes No

Part IV Checklist of Required Schedules

			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		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		<u> </u>
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		X
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 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?	- 3		 -
	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,		'	١
	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		v	[
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	 -
С	d the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total issets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		l	x
d	I the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		l	
	rt X, line 16? If "Yes," complete Schedule D, Part IX			X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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	 	A
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
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	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		ļ	_V
46	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	├	<u> </u>
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	1	Х
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> </u>	X
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	 	X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	├	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	}	
	סיים מיני אין ווויים וויסאינמיט ווויסי מינמיטיו מיטונים וווימוויטמו פרמנפווופוונים (פספ וויפנוטינוטוופ)		990	(2010)
			1	

	990 (2010) SOCIETY OF COLONIAL WARS 57-0764	1100	P	age 4
Pai	t IV Checklist of Required Schedules (continued)	_		
		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the]	Ì
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	1	ļ	ļ
	column (A), line 2,? If "Yes," complete Schedule I, Parts I and III	22		X
23	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		}	
	Schedule J	23	<u> </u>	X
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	1	ł	
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		X
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	1]	
	Schedule L, Part I	25b]	X
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	26	1	X
27	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			
	Schedule L, Part III	27	i	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			:
	instructions for applicable filing thresholds, conditions, and exceptions):	1	,	, "
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ĺ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30]	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	}	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	ĺ.	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	1	X
34	Was the organization related to any tax-exempt or taxable entity?		[
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	ł	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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	, }	}	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
-	If "Yes," complete Schedule R, Part V, line 2	36	1	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		Ţ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X

Form 990 (2010)

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

a Enter the number reported in Box 3 of Form 1096. Enter -0-if not applicable □ Enter the number of Forms W-2G included in line 1a. Enter -0-if not applicable □ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? □ Did the arganization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? □ Did the design winnings to prize winners? □ Did the design winnings to prize winners? □ Did the design winning to prize winners? □ Did the design winning to prize winners? □ Did the organization in line 2a, did the organization file all required federal employment tax returns? □ Note. If the sum of lines 1a and 2 is greater than 250, you may be required to e-file, see instructions) □ Did the organization have unrelated business gross income of \$1,000 or more during the year? □ Did the organization have unrelated business gross income of \$1,000 or more during the year? □ At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or other authority over, a financial account; or other authority over, a financial account; or other financial account; □ Did the organization approach to a prohibited tax shelter transaction, and the financial account; □ Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? □ Did any taxable party notify the organization file Form 888617 □ Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that way receive deductible organization and partly for goods and services provided to the payor? □ Did the organization that the very solicitation an express statement that such contributions or gifts were not tax deductible? □ Did the organization that may receive deductible contributions und		Check if Schedule O contains a response to any question in this Part V			
tall Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable Did the organization comply 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, lifed for the calendar year ending with or within the year covered by this return 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 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 1'Yes, 'has filled a Form 990-IT for this year? If 1'No, 'provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or the financial account; or other financial account; or the financial account; or the financial account; or other financial account; or the financial account; or other financial				Yes	No
c Did the organization comply 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 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-file, (see instructions) 3a Did the 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 account in a foreign country (such as a bank account, securities account, or other financial account;) 5b If "Yes," their the name of the foreign country: \[\begin{array}{c} \text{ 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 or at any time during the tax year? 5b Did any taxable party notify the organization that it was or as a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6b 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? 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c If If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Г		
gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filled 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 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3a Did the organization hies 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3b Did the organization hies 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3a Did the organization hies 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3b Did the organization hies 1a and 2a is greater than 250, you may be required the explanation in Schedule O 5b If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 5c If "Yes," the file a Form 990-T for this year? If "No," provide an explanation in Schedule O 5c If "Yes," enter the name of the foreign country. If you have a minute section that an interest or the organization account; or other financial accounts. 5c Was the organization a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c 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? 6c Does the organization than any receive deductible contributions under section 170(c). a Did the organization than any receive deductible contributions under section 170(c). b If "Yes," did the organization in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 6c Did the organization than any receive deductible contribution and partly for goods and services provided to the payor?	b				
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 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 a and 2a is greater than 250, you may be required to e-file. (see instructions) 1 Did the organization have unrelated business gross income of \$1,000 or more during the year? 1 If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 2 at 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)? 1 If 'Yes,' enter the name of the foreign country: ► 2 See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 3 Was the organization a party to a prohibited tax shelter transaction? 5 If 'Yes,' to line 5 aor 5b, did the organization file Form 8886-T? 5 Did any taxable party notify the organization file Form 8886-T? 5 Did any taxable party notify the organization file Form 8886-T? 5 Did any taxable party notify the organization file Form 8896-T? 5 Did any taxable party notify the organization file Form 8896-T? 5 Did the organizations are not tax deductible? 5 Did 'Yes,' did the organization induced with every solicitation an express statement that such contributions or gifts were not tax deductible. 5 Did the organization star may receive deductible contributions under section 170(c). 8 Did the organization star may receive deductible contributions under section 170(c). 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8899 as required? 1 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was propo	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
bif 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-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-T for this year? If "No," provide an explanation in Schedule O 3b 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)? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization a party to a prohibited tax shelter transaction? 5d Was the organization aparty to a prohibited tax shelter transaction? 5d 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? 6d 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? 6d Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8d Did the organization expressed a contribution of qualified intellectual property, did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8899 as required? 7f If the organization received a contribution of qualified intellectual property, did the organization in expressed a contribution of qualified intellectual property, did the organization in expression granizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Both the organization make any taxable d		(gambling) winnings to prize winners?	1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returms? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 If "Yes," has it filed a Form 990.T for this year? If "No," provide an explanation in Schedule O 4 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 foregin country (such as a bank account, as excurties account, or other financial account)? 4 If "Yes," enter the name of the foreign country; locuse is a bank account, securities account, or other financial accounts. 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 If "Yes," enter the name of the foreign country; locuse as a party to a prohibited tax shelter transaction? 5 If "Yes," to line 5a or 5b, did the organization file Form 886-T? 5 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? 5 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 If "Yes," did the organization notify the donor of the value of the goods or services provided? 6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? 7 If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 17 If the organization received a contribution of oras, boats, airplanes, or other vehicles, did the organization file a form 1098-C? 18 Sponsoring organizations maintaining donar advised funds. 19 Did the or	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return 0			
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a 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 bink account, securities account, or other financial account)? 5b If "Yes," enter the name of the foreign country: 6c If "Yes," enter the name of the foreign country: 6c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 6c Does the organization aparty to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization file Form 8885-T? 6d 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? 6d Destine 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 6 If "Yes," indicate the number of Forms 8282 filed during the year 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Bid the supporting organization make any taxable distribution under section 4966? 9 Did the organization make any taxable distribution to a donor, donor advisor, or related person? 9 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
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b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter. Gross income from members or shareholders 11a	9				
10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders 11a	а	Did the organization make any taxable distributions under section 4966?	9a		
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders	b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders 11a	10	Section 501(c)(7) organizations. Enter.			
11 Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders	а	Initiation fees and capital contributions included on Part VIII, line 12			
a Gross income from members or shareholders	b				
	11	1 1			
	b	Gross income from other sources (Do not net amounts due or paid to other sources against			İ '
amounts due or received from them)					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12. Section 501(s)(20) qualified manuscript health increases increases.					
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			45		
a is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schodule C.	a	·	138		ļ
Note. See the instructions for additional information the organization must report on Schedule O. h. Enter the amount of reserves the organization is required to maintain by the states in which the	h	-			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	D	·			
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand	_	· · · · · · · · · · · · · · · · · · ·			
14a Did the organization receive any payments for indoor tanning services during the tax year?			142		x
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			-		
Form 990 (2010)				990	(2010)

SOCIETY OF COLONIAL WARS

57-0764106 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 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 Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 0 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors or trustees, or key employees to a management company or other person? 3 X 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 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a X 7b **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Does the organization have local chapters, branches, or affiliates? 10a b 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 X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 14 14 Does the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b 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 X taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed SC 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. Another's website Upon request ___ Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization: P. COOPER COKER IV - 843-729-4593 122 WENTWORTH ST, CHARLESTON, SC 29401

Form **990** (2010)

Part VIII 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.

Check this box if neither the organization (A)	(B)			(C)				(D)	(E) Reportable compensation	(F)	
Name and Title	Average hours per	(6)		Position leck all that apply)		k.A	Reportable compensation	Estimated amount of			
	week (describe hours for related organizations in Schedule O)	ual trustee or director				Highest compensated Complete C		from the	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
ARTHUR MANIGUALT WILCOX		1		ا ا ا							
REGISTRAR	1.00		L	X	L.	<u>. </u>	L	0.	0.	0	
P. COOPER COKER, IV		į	ļ	_							
TREASURER	1.00	┞	<u> </u>	X				0.	0.	0	
C. HARRINGTON BISSELL, JR.	1 1 00			٠,,					•	_	
GOVERNOR	1.00	╀	├	X	<u> </u>	_	<u> </u>	0.	0.	0	
JONATHAN LUCAS YATES DEPUTY GOVERNOR	1.00			x				0.	0.	C	
MYRON HARRINGTON	1.00	├-	-	Λ	<u> </u>	\vdash	<u> </u>	<u> </u>	U •		
SECRETARY	1.00			x				0.	0.	(
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							Γ				

032007 12-21-10

Part VII Section A. Officers, Directors, Tru (A)	(B)	<u></u>	-,	(C		911		(D)	(E)			(F)	
Name and title	Average			Posi				Reportable	Reportable		Es	timate	d
	hours per week (describe	ŀ	heck	all t				compensation from the	compensation from related organization	s s	com	nount o other pensa	tion
, '	hours for related organizations	Individual trustee or director	Institutional trustee		loyee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	org	om the anizate d relate	on
	in Schedule O)	Individu	Institutio	Officer	Key employee	Highest employe	Former				orga	ınızatı	ons ——
		_				-							
						-					1		
													
		_				_							
1b Sub-total						<u> </u>	<u> </u>	0.		0.			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A					>		0.		0.			0.
 Total number of individuals (including but n compensation from the organization 	ot limited to th	nose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 in reportab	le			0
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	y em	plo	yee,	or h	nighest compensated e	mployee on		3	Yes	No X
 For any individual listed on line 1a, is the suand related organizations greater than \$150 	ım of reportab	le c						•	the organization		4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	tion (from	any	/ uni			idual for services	3	5		х
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of con	npens	ation 1	from	
the organization. NONE (A) Name and business	address	_		-	-	_		(B) Description of	services		(Compe		n
-						_					_ <u>-</u> _		
													
			_	_			-						
Total number of independent contractors (in	including but r	not (ımıte	ed to		_	sted	d above) who received r	nore than				-
\$100,000 in compensation from the organi	zation 🛌					0				<u> </u>	Form	990 (2010)

	L VI		Statement of Rever			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	i (b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran		30,584.				
Sontribu	9	_	Similar amounts not included abo		225.	20 000	:		<u>;</u> ;
		<u>n</u>	Total. Add lines 1a-1f		P	30,809.			
_		_			Business Code				+
Š	2 8	a b		·					
Ser		C							
e a		d							
Program Service Revenue		e							<u> </u>
4	1	f	All other program service reve	enue	900099	21,917.	21,917.		
\perp		9	Total. Add lines 2a-2f			21,917.			
	3		Investment income (including	dıvıdends, ıntere	est, and				
l			other similar amounts)		>	2,928.	2,928.		
l	4		Income from investment of ta	x-exempt bond p	roceeds				
ŀ	5		Royalties		<u> </u>				
		_	O D	(i) Real	(II) Personal				
			Gross Rents Less: rental expenses						
j			Rental income or (loss)						
			Net rental income or (loss)						
			Gross amount from sales of	(ı) Securities	(II) Other				
			assets other than inventory	66,806.					
	ı	b	Less: cost or other basis						
			and sales expenses	55,139.					
	•	C	Gain or (loss)	11,667.					
			Net gain or (loss)		<u> </u>	11,667.	11,667.		
Other Revenue	8 8	а	Gross income from fundraisin including \$	-					
8			contributions reported on line	1c). See					
ĕ			Part IV, line 18	а					
5			Less. direct expenses	b					
			Net income or (loss) from fund	=	•	-	-		
	9 8	a	Gross income from gaming ac Part IV, line 19						
		b	Less: direct expenses	a b					
			Net income or (loss) from gan						i
			Gross sales of inventory, less	_					
			and allowances	а					
	ı	b	Less cost of goods sold	b					
		c	Net income or (loss) from sale	s of inventory	.				
			Miscellaneous Revenu	ie	Business Code				
	11 :	а		·					
	1	b				•			
		C							ļ <u>-</u>
	•	d	All other revenue			-			
	10	е	Total. Add lines 11a-11d Total revenue. See instructions.			67,321.	36,512.	0.	0.
032009 12-21-	12	-	TOTAL TOTOLING, OCC HISH HUNDING.			01,321.	30,314.		Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do not include amounts reported on lines 6b, 7b, 8b, 8b, and 100 of Part VIII. 1 Grafts and other assistance to governments and organizations in the U.S. See Part IV, line 22 2 Grafts and other assistance to molivitudis in the U.S. See Part IV, line 23 3 Grafts and other assistance to molivitudis in the U.S. See Part IV, line 12 see Part IV, line 15 and 16 4 Benefits pad to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other adartes and wages 8 Penson plan contributions (middle section 401(k) and section 403(b) employer contributions; 9 Penson plan contributions (middle section 401(k) and section 403(b) employer contributions; 10 Payroll taxes 10 Payroll taxes 11 Fees for services (non-employees) 8 Maragement 9 Could be a section 403(b) employer contributions; 10 Payroll taxes 11 Fees for services (non-employees) 12 Advertising and promotion 13 Office expenses 10 Payronist to diffacts 10 Payronist to diffacts 11 Intervity (and amount to formed the control of travel or entertainment expenses for any federal, state, or local public officials in the control of travel or entertainment expenses for any federal, state, or local public officials intervent of the control of the contr		All other organizations must con		not required to complet		
organizations in the U.S. See Part IV, line 21 Grants and other assistance to undividuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to r for members Compensation of unrent officers, directors, trustees, and key employees Compensation of unrent officers, directors, trustees, and key employees Compensation of unrent officers, directors, trustees, and key employees Compensation of unrent officers, directors, trustees, and key employees Compensation of unrent officers, directors, trustees, and key employees Compensation of unrent officers, directors, trustees, and key employees Compensation of unrent officers, directors, trustees, and key employees Compensation of unrent officers, directors, trustees, and key employees Compensation of unrent officers, directors, trustees, and directors,			(A) Total expenses	(B) Program service expenses	Management and	Fundraising
2 Grants and other assistance to individuals in the U.S. See Part IV, Ine 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, Ine 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation or turdivided above, to disqualified persons (as defined under section 4958(r)(1) and persons discribed in section 401(k) and section 403(s) employer contributions) 9 Other employee benefits 10 Fearon plan contributions (include section 401(k) and section 403(k) employer contributions) 11 Fees for services (non-employees) 12 Fearon plan contributions (include section 401(k) and section 403(k) employer contributions) 13 Other employee benefits 14 Fees for services (non-employees) 15 Royaltes 16 Lobbyrg 17 Investment management fees 10 Other 19 Other 10 Other 10 Other 10 Other 10 Other expenses 10 O, 663. 10 Office expenses 10 O, 663. 10	1	Grants and other assistance to governments and				
the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(P(I))) and persons described in section 4958(P(I)) and section 403(B) employer contributions) Other employee benefits Person plan contributions (include section 401(k) and section 403(B) employer contributions) Other employee benefits Payroll taxes I Feas for services (non-employees) Management I Legal C Accounting C Accounting J 3, 266. C Accounting Other employees Professional fundrasing services. See Part IV, line 17 If Investment management fees Other Professional fundrasing services. See Part IV, line 17 If Investment management fees Other Occupancy Travel R Advertising and promotion Other expenses Information technology Information technology Occupancy Travel R Payments of ravel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Thravel R Payments of ravel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Thravel D Repression of the public officials Conferences, conventions, and meetings Thravel D Repression of the public officials Conferences, conventions, and meetings Thravel D Repression of the public officials Conferences, conventions, and meetings Thravel D Repression of the public officials Conferences, conventions, and meetings Thravel D Repression of the public officials Conferences, conventions, and meetings Thravel D Repression of the public officials Conferences, conventions, and meetings D Repression of the public officials Conferences, conventions, and meetings D Repression of the public officials C		organizations in the U.S. See Part IV, line 21	5,500.			-
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 1 6 4 Benefits past to or for members Compensation of current officers, directors, trustees, and key employees Compensation of included above, to disqualified persons (as defined under section 4958(IV)) and persons described in section 4958(IV)) and persons described in section 4958(IV) and persons described in section 4958(IV) and persons described in section 4958(IV) and and section 4958(IV) and section 4958(IV) employer contributions (include section 4958(IV) and section 4958(IV) employer contributions (include section 4958(IV) and section 4958(IV) employer contributions (include section 4958(IV) employer contributions) 9 Other employee benefits Payrolit taxes 11 Fees for services (include section 4958(IV) include 11 Fees for services (include section 4958(IV) employer contributions) 10 Legal 3, 266. 11 Fees for services (include section 4958(IV) include 11 Fees for services 11 Fees for services 12 Fees for services 13 Fees for services 14	2	Grants and other assistance to individuals in				
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See Part IV, lines 15 and 16 Benefits pout to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, and section 4958((1)1) and persons discribed in section 4958((1)1) and 1958((1)1)	3	Grants and other assistance to governments,				
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6 Compensation not included above, to disqualified persons (as defined under section 4958(r)(3)(8) 7 Other salaries and wages Pensor plan contributions (include section 401(k) and section 403(k) employer contributions) 9 Other employee benefits Payroll taxes 10 Payroll taxes 11 Fees for services (non-employees) 12 Advantagement 13 J. 266 J. 13 J. 266 J. 14 Lobbyring Professional fundrating services. See Part IV, line 17 1 Investment management fees 9 Other 12 Advertising and promotion 13 Office expenses 10 J. 663 J. 11 Investment management fees 9 Other 12 Advertising and promotion 13 Office expenses 10 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 11 Payments to affiliates 12 Payments to affiliates 12 Payments to affiliates 13 Depreciation, depletion, and amortization 14 Insurance 15 Payments to affiliates 16 Payments to affiliates 17 Payments to affiliates 18 Payments to affiliates 19 Conferences, conventions, and meetings Interest 10 Insurance 11 Payments to affiliates 12 Payments to affiliates 13 Payments to affiliates 14 Payments to affiliates 15 Payments to affiliates 16 Payments to affiliates 17 Payments to affiliates 18 Payments to affiliates 19 Conferences, conventions, and meetings Interest 20 Payments to affiliates 21 Payments to affiliates 22 Payments to affiliates 23 Payments to affiliates 24 Other expenses in line 24, If Iline 24 anount excess VIV-o Iline 25, column (A) and URS & SIBSCRIPTIONS 20 O. 3 DUSS & SIBSCRIPTIONS 3 A OO. 4 Payments of travel or expenses in line 24, If Iline 24 anount excess VIV-o Iline 25, column (A) anount excess VIV-o Iline	5	Compensation of current officers, directors,				
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Part X Balance Sheet (A) Beginning of year (B) End of year 77,782. 38,469. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 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 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 employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other 10a basis. Complete Part VI of Schedule D 10b b Less: accumulated depreciation 10c 11 Investments · publicly traded securities 11 52,408. 105,136. 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 15 130,190. 143,605. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, 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 0. $\overline{0}$. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 130,190. 143,605. 27 Unrestricted net assets Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 130,190. 33 143,605. 33 Total net assets or fund balances 130,190. 143,605. Total liabilities and net assets/fund balances 34

Form 990 (2010)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

Employer identification number

Name of the organization

SOCIETY OF COLONIAL WARS 57-0764106 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.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. **b** Type II c Type III - Functionally integrated d Type III - Other 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 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) Provide the following information about the supported organization(s) (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization organization in col in col. (i) lısted ın your organization in col. organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? **U.S.?** above or IRC section (see instructions)) Yes No Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2010

Total

Schedule A (Form 990 or 990-EZ) 2010

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

• •	_			*
(Complete only if you	ı checked the box on line 5, 7,	or 8 of Part I or if the organiza	ition failed to qualify un	der Part III. If the organization
fails to qualify under	the tests listed below, please	complete Part III.)		

Sec	ction A. Public Support								
Cale	ndar 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]	ļ		
	ınclude any "unusual grants ")			<u> </u>		<u> </u>			
2	Tax revenues levied for the organ-						[
	ızatıon's benefit and either paid to								
	or expended on its behalf			1					
3	The value of services or facilities						. –		
	furnished by a governmental unit to			1			ĺ		
	the organization without charge		_		<u> </u>				
4	Total. Add lines 1 through 3								
5	The portion of total contributions		1						
	by each person (other than a				ļ				
	governmental unit or publicly		ļ	į.			Į		
	supported organization) included]		1				
	on line 1 that exceeds 2% of the		}	1	1		}		
	amount shown on line 11,		1						
	column (f)		l	1	İ		i		
6	Public support. Subtract line 5 from line 4		1	1					
	tion B. Total Support	-	-						
Cale	ndar 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		l	1					
	and income from similar sources								
9	Net income from unrelated business					T			
	activities, whether or not the	j	j		J	}]		
	business is regularly carried on				1	l,			
10	Other income Do not include gain								
	or loss from the sale of capital						1		
	assets (Explain in Part IV)		ł	1		ł	1		
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities,	etc. (see instruct	ions)			12			
13	First five years. If the Form 990 is for	•	•	ird, fourth, or fifth t	tax year as a secti	on 501(c)(3)			
	organization, check this box and stop	here							
Se	ction C. Computation of Publ	ic Support Pe	ercentage						
14	Public support percentage for 2010 (line 6, column (f) c	divided by line 11,	column (f))		14	%		
15	Public support percentage from 2009	Schedule A, Pari	t II, line 14			15	%		
16a	33 1/3% support test - 2010.If the o	rganization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or i	more, check this bo	ox and		
	stop here. The organization qualifies as a publicly supported organization								
t	b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qualifies as a publicly supported organization								
17a	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 organiz	ation qualifies as	a publicly supporte	ed organization		▶□		
t	10% -facts-and-circumstances tes	i t - 2009. If the orc	janization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets ti	he "facts-and-circ	umstances" test,	check this box and	i stop here. Expla	in in Part IV how th	е		
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.								
18	Private foundation. If the organization		-				ns 🕨		
						edule A (Form 990			

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.)

Se	ction A. Public Support	JOW, Dicuse comp	ioto i art mj				· · · · · · · · · · · · · · · · · · ·	
Cale	ndar 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.")	41,189.	45,258.	65,737.	29,292.	30,809.	212,285.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the		19,965.	96,130.	42,465.	21,917.	180,477.	
_	organization's tax-exempt purpose		15,505.	70,130.	42,403.	21,511.	100,477.	
3	Gross receipts from activities that are not an unrelated trade or business 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 furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	41,189.	65,223.	161,867.	71,757.	52,726.	392,762.	
7 <i>a</i>	n Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
t	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.	
c	Add lines 7a and 7b						0.	
8	Public support (Subtract line 7c from line 6)						392,762.	
Se	ction B. Total Support							
Cale	indar year (or fiscal year beginning in) 🖊	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010 52,726.	(f) Total	
9	Amounts from line 6	41,189.	65,223.	161,867.	71,757.	52,726.	(f) Total 392,762.	
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,967.	4,535.	3,605.	2,630.	14,595.	34,332.	
t	Unrelated business taxable income			<u>-</u>	,	-		
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	8,967.	4,535.	3,605.	2,630.	14,595.	34,332.	
12	regularly carried on Other income Do not include gain or loss from the sale of capital			,				
12	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)	50,156.	69.758	165,472.	74,387.	67,321.	427,094.	
	First five years. If the Form 990 is for				<u> </u>			
		and organization S	mai, accoriu, iriir	o, rouran, or murite	in year as a section	i 50 i (6)(5) organiz	auori,	
Se	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 91.96 %							
	16 Public support percentage for 2010 (line 8, column (i) divided by line 13, column (i)) 16 Public support percentage from 2009 Schedule A, Part III, line 15							
	ction D. Computation of Inves							
	Investment income percentage for 20			ne 13. column (fl)		17	8.04 %	
	Investment income percentage from 2		•			18	<u> </u>	
	•	•	•	on line 14, and line	ı 15 ıs more than 3 د			
	 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 							
٠	line 18 is not more than 33 1/3%, che						and	
20	Private foundation. If the organization			· · · · · · · · · · · · · · · · · · ·		-		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

SOCIETY OF COLONIAL WARS

Employer identification number 57-0764106

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds of	or Acco	unts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin			•
		(a) Donor advised funds	(b) Fu	inds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds	-
_	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a	•	sed only	
-	for charitable purposes and not for the benefit of the donor of	0 0	•	
	impermissible private benefit?	······································	.	Yes No
Par		ganization answered "Yes" to Form 990, Pai	t IV, line	
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or e		rically im	portant land area
	Protection of natural habitat	Preservation of a certific		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conser	vation easement on the last
	day of the tax year.			
	•			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	e	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the c	organizati	on during the tax
	year▶			-
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements dur	ing the ye	ear >
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	ne year 🕨	· \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h))(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expense s	tatement	, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes th	e organiz	ation's accounting for
	conservation easements			
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Oth	ner Sim	ilar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and ba	alance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherand	e of pub	lic service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ibes these items		
b	If the organization elected, as permitted under SFAS 116 (A)	SC 958), to report in its revenue statement a	ınd balan	ce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	ıc service	, provide the following amounts
	relating to these items			
	(i) Revenues included in Form 990, Part VIII, line 1		>	\$
	(ii) Assets included in Form 990, Part X		>	\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial g	gain, prov	
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:		
а	Revenues included in Form 990, Part VIII, line 1		>	\$
b	Assets included in Form 990, Part X		>	\$

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

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. S	ee Form 990, Part X, line 12.	·		
(a) Description of security or category	(b) Book value		(c) Method of valua	
(including name of security)	<u> </u>	Co	st or end-of-year mar	ket value
(1) Financial denvatives				
(2) Closely-held equity interests				
(3) Other	105 126	GO GM		
(A) UBS .BROKERAGE ACCOUNT	105,136.	COST		
(B)			<u></u>	
(C)	1			
(D)				
(E)				
(F)				
(G)				
(H)			-	
(I) Tatal (Cal (b) must assul Form 000 Part V cal (P) line 10 \	105,136.			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related.	Ca- Far 200 B-4 V lim 10	<u> </u>		
	See Form 990, Part X, line 13	3.	(c) Method of valua	tion:
(a) Description of investment type	(b) Book value	Co	st or end-of-year mar	
/4)				
(1)				
(2)				
(3)				
(4) (5)				
(6)	-			
(7)	-			
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	 - 			
Part IX Other Assets. See Form 990, Part X, lin	ne 15.			
	a) Description	-		(b) Book value
(1)	····			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			-	
(8)				
(9)		· ·		
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) In			>	
Part X Other Liabilities. See Form 990, Part)	K, line 25.			
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes			}	
(2)			j	
(3)		_		
(4)				
(5)]	
(6)	!			
(7)			1	
(8)]	
(9)]	
(10)			1	
(11)			1	
Total. (Column (b) must equal Form 990, Part X, col (B) II	ne 25.)		1	
2. FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the roomote 2. FIN 48 (ASC 740)	to the organization's financial statement	ents that reports the organ	ilization's liability for uncerta	in tax positions under

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2010
Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Name of the organization SOCIETY OF COLONIAL WARS	F COLONIA	L WARS			,	-	Employer identification number $57 - 0764106$
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion Ves X No
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	stalice? ocedures for monif	toring the use of grant	funds in the United	d States			
Part II 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	Governments and	d Organizations in the	e United States. C	omplete if the orga	inization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II	55,000 Check this	s box if no one recipier	nt received more th	an \$5,000. Part II	can be duplicated if	can be duplicated if additional space is needed	papa
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO EDUCATE PUBLIC ABOUT
COLONIAL DORCHESTER STATE HISTORIC							COLONIAL WARS AND PROVIDE
SITE - 300 STATE PARK RD -							FUNDING TO LOCAL
SUMMERVILLE, SC 29485			500.	0.			HISTORICAL AND RELIGIOUS
							TO EDUCATE PUBLIC ABOUT
ST. JAMES GOOSE CREEK CHURCH							COLONIAL WARS AND PROVIDE
100 VESTRY LANE							FUNDING TO LOCAL
GOOSE CREEK, SC 29445			1,000.	0.	* **		HISTORICAL AND RELIGIOUS
							TO EDUCATE PUBLIC ABOUT
ST. JAMES SANTEE							COLONIAL WARS AND PROVIDE
P.O. BOX 123							FUNDING TO LOCAL
MCCLELLANVILLE, SC 29458			1,000.	0.			HISTORICAL AND RELIGIOUS
							TO EDUCATE PUBLIC ABOUT
POMPION HILL CHAPEL							COLONIAL WARS AND PROVIDE
109 1/2 CHURCH STREET							FUNDING TO LOCAL
CHARLESTON, SC 29401			1,000.				HISTORICAL AND RELIGIOUS
							TO EDUCATE PUBLIC ABOUT
SOUTH CAROLINA HISTORICAL SOCIETY							COLONIAL WARS AND PROVIDE
100 MEETING STREET							FUNDING TO LOCAL
CHARLESTON, SC 29401			1,000.	.0			HISTORICAL AND RELIGIOUS
							TO EDUCATE PUBLIC ABOUT
CHARLESTON MUSEUM							COLONIAL WARS AND PROVIDE
360 MEETING STREET							FUNDING TO LOCAL
CHARLESTON, SC 29403			1,000.	0.			HISTORICAL AND RELIGIOUS
2 Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations					• 9 •
3 Enter total number of other organizations							^

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SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2010)

SOCIETY OF COLONIAL WARS Schedule I (Form 990) (2010)

Page 2

57-0764106

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. Part Ⅲ

(b) Number of (c) Amount of (d) Amount of non- (e) Method of valuation (f) Description of non-cash assistance recipients cash grant 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.		(ENT:	ORIC SITE	ANCE: TO EDUCATE PUBLIC ABOUT COLONIAL	CAL HISTORICAL AND RELIGIOUS NON-PROFIT		
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part t	l H	OF ORGANIZAT	IAI	OR AS	WARS AND PROVIDE FUNDING TO LOCAL HISTORICAL AND	ORGANIZATIONS	

NAME OF ORGANIZATION OR GOVERNMENT: ST. JAMES GOOSE CREEK CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EDUCATE PUBLIC ABOUT COLONIAL

032102 01-13-11

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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

Name of the organization

SOCIETY OF COLONIAL WARS

Employer identification number 57-0764106

DOCIDITOR CONDUIND WARD
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
NON-PROFIT ORGANIZATIONS.
FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE COUNCIL CALLS A
MEETING, WHICH INCLUDES THE TREASURER AND THE CPA WHO COMPLETED THE FORM
990, TO REVIEW THE FORM 990 PRIOR TO FILING IN ORDER TO CHECK FOR MISTAKES
OR MISCLASSIFICATIONS. UPON AGREEMENT, THE RETURN IS FILED.
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. NO WEB PAGE EXISTS FOR
THIS ORGANIZATION AT THIS TIME.