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Section 990-EZ
Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or
private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling
organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total
assets less than \$500,000 at the end of the year may use this form
The organization may have to use a copy of this return to statisfy state reporting requirements.

Open to Public

A For the 2010 catemedar year, or tax year beginning SEP 1, 2010 and ending JUN 3, 2011 Annabed State County Character of June 2015 Charact	_		The digunization may have to use a copy of and retain to satisfy state reporting req			iii 135 mapaanan		
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Investment shows EXCHANGE CLUB OF KIAWAH-SEABROOK 57-0733767 1	В	applicat	C Name of organization	D Employer identification number				
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Terminated A3 - GARDENERS CIRCLE, PMB-J B43-559-1254		□Nam		57-0733767				
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According Method: X Cash According (type-lay) H Check X It the organization is not recovered to the complete return. H Check X It the organization is not recovered to the complete return. H Check X It the organization is not a section 598(a)(3) supporting organization and tis gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to like a return, be sure to file a complete return.		Ame	City or town atthe or country, and 710 . A	-				
Website: N / A Tax-exempt status (check only one)		Applic	anon pending JOHNS ISLAND, SC 29455			•		
Website: N/A required to attach Schedule B Tax-exempt status (check who noe) 501(c)(3) 501(c) (4) (insert no.) 4947(a)(1) or 527 (form 990, 990-EZ, or 990-PF)	G	Accou	nting Method: X Cash Accrual Other (specify)					
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Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L. Add lines Sp. 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II). Sine 25c, column (6) below are \$500,000 or more, the Form 990-EZ. Sine 25c, column (6) below are \$500,000 or more, the Form 990 instead of Form 990-EZ. Sine 25c, column (6) below are \$500,000 or more, the Form 990 instead of Form 990-EZ. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. Check if the organization used Schedule O to respond to any question in this Part I. A PR O 3	ĸ	Check		more	than \$5	0,000. A Form 990-EZ or		
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17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 17 154,570. 18 Excess or (deficit) for the year (Subtract line 19) 18 -10,618. 19 123,535. 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 112,917.		16	Other expenses (describe in Schedule 0) SEE SCHEDULE O	Ì	- i	43,142.		
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -10,618.		17		▶Ì	$\overline{}$	154,570.		
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 123,535. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0. Net assets or fund balances at end of year. Combine lines 18 through 20 21 112,917.		18				-10.618.		
Net assets or fund balances at end of year. Combine fines 18 through 20	et:	19		ŀ				
Net assets or fund balances at end of year. Combine fines 18 through 20	Ass				19	123.535.		
Net assets or fund balances at end of year. Combine fines 18 through 20	ĕ	20		ŀ				
		21	·		\rightarrow			
	LH	A For						

Form **990-EZ** (2010)

032172

	Check if the organization used Schedule 0 to respond to any question in this Part V			X			
			Yes	No			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O						
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended						
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)						
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not						
	reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		~ -	l `.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or						
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	İ.,	X			
b	if "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"						
	complete applicable parts of Schedule N	36		X			
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	, ,	ii				
þ	Did the organization file Form 1120-POL for this year?	37b		X			
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	7.75	; ,	;			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	-	X			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	7 C.	-	· -			
39	Section 501(c)(7) organizations. Enter:	, E	ا در در در در	,			
а	Initiation fees and capital contributions included on line 9			ارغ أ			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			2.7			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		4.	7, 4, 5			
	section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A	201	1	4			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	22.27		1			
	year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?		27				
	If "Yes," complete Schedule L, Part I	40b		х			
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	200	"Šė, i	,			
_	or disqualified persons during the year under sections 4912, 4955, and 4958	4.22	1 E 1	1			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	C 10	- व्यक्ति	100			
_	organization		167 M				
۵	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	134	· 李元	7 . s m			
٠	transaction? If "Yes," complete Form 8886-T	40e		$\overline{\mathbf{x}}$			
41	List the states with which a copy of this return is filed. > SC	406	L				
		Q_1	678				
724	2a The organization's books are in care of ► CASEY PRICE Located at ► 130 GARDENERS CIRCLE, PMB-J, JOHNS ISLAND, SC ZIP+4 ► 294						
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	7 = 3					
·	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ſ	Yes	No			
	account)?	42b	163	X			
	If "Yes," enter the name of the foreign country:	720), pr	17 74			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	17.75	THE R	100			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X			
·	If "Yes," enter the name of the foreign country:	426	L	Λ			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			\Box			
43	1 1	NT / 70		لــا			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A					
		1	Yes	No			
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		1. 10	-,;			
	Form 990-EZ	44a	11 3 47 1	X			
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	448 148	*2 +				
	of Form 990-EZ		J. 6 9	Х			
	Did the organization receive any payments for indoor tanning services during the year?	44b		X			
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	44c	,	41			
u	·	113	E " a				
	in Schedule O	44d	00.57	(2012)			
		Form 9	8U-E/	. ZU IU)			

Form 990	D-EZ (2010)	EXCHANGE	CLUB C	F KIAWAH-	SEABROOK			57-0733	767	1	Page 4
						-				Yes	No
45 Is a	any related o	organization a controlled er	ntity of the org	ganization within tl	ne meaning of sect	ion 512(b)	(13)?		45		X
	-	ration receive any payment	• •			ty within the	e meaning of section	512(b)(13)?		٠	۱
	•	990 and Schedule R may n		•				LL46 O	45a		X
	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I										x
Part \		tion 501(c)(3) orga	anizations	and section	1947(a)(1) none	exempt	charitable trus	sts only. All	46 section	501(c	
	orgar	nizations and section 4947	(a)(1) nonexer	npt charitable trusts	must answer question	ns 47-49b a	ind 52, and complete	the tables for li	nes 50 a	and 51	ı .
	Check	k if the organization used S	chedule 0 to r	espond to any quest	on in this Part VI						\Box
								i		Yes	No
		zation engage in lobbying a							47		<u> </u>
		tion a school as described ration make any transfers t			•	dule E			48 49a		
		e related organization a sei			organization?				49b		
		table for the organization's	-		es (other than officer	s. directors	. trustees and kev en	l piovees) who e		eived r	more
	-	of compensation from the	-		•		,,	.,,			
					(b) Title and avera		(c) Compensation	(d) Contributions	(e) Expe	nse
	(a)	Name and address of each			per week devo			to employee benefit plans & deferred		account and ther allowan	
		than \$100,0	N/A	<u> </u>	position	<u> </u>	,_,-	compensation	Ollie	alluw	ances
					<u> </u>				+		
					-						
									1		
									_		
					_						
1 Tot	al number o	of other employees paid ov	er \$100 000	·					٠		
		table for the organization's		ompensated indepen	dent contractors who	each receiv	red more than \$100.0	000 of compens	ation fro	om the	<u>,</u>
		there is none, enter "None					, ,	•			
	(a)	Name and address of each	ındependent (contractor paid more	than \$100,000		(b) Type of service (c) Compens			ensat	ion
			·····								
											—
		· · · - · · · · · · · · · · · · · · · ·		·							
											
			•								
		 									
		of other independent contra		. ,		(4)					
	_	ration complete Schedule A is must attach a completed		ction 50 i(c)(3) orga	nzations and 4947(a)	(1) nonexer	трт		Ye		□No
	Under p	enzities or perjury, rectare that and complete Declaration of pa	r i nave examine	onis return, including a	companying screaules a	and Statement	is, and to the best of my	knowledge and de	liei, it is	rue,	
0:											
Sign Here	Signature of officer Uate						Uale		_		
		e or print name and title								_	
D=:-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1] if PTIN						
Paid	к.		JCH, CPA	١,			self- employ	/eu			
Drana		ω,					l l				
Prepa	rer CF		ROBED4	C & AMRITO	N I.I.D		Espenia Fili				
Prepa Use O	rer CF	n's name ► WELCH			N, LLP		Firm's EIN		77-0)14	
•	rer CF	n's name ►WELCH n's address ► 157 E	EAST BA				Firm's EIN Phone no.	843-5	77-(14	8

Form 990-EZ (2010)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number EXCHANGE CLUB OF KIAWAH-SEABROOK 57-0733767 FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: INTEREST INCOME 787. FORM 990-EZ, PART I, LINE 8, OTHER REVENUE: DESCRIPTION OF OTHER REVENUE: AMOUNT: MISCELLANEOUS INCOME 5,309. FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES: AFFILIATE NAME: NATIONAL EXCHANGE CLUB PURPOSE OF PAYMENT: DUES AMOUNT OF PAYMENT: 6,687. AFFILIATE NAME: SC DISTRICT EXCHANGE CLUB PURPOSE OF PAYMENT: DUES AMOUNT OF PAYMENT: 1,121. TOTAL INCLUDED ON FORM 990-EZ, LINE 10 7,808. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: OFFICE EXPENSE 8,591. CONFERENCES 34,551. TOTAL TO FORM 990-EZ, LINE 16 43,142. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01:24-11

Schedule O (Form 990 or 990-EZ) (2010)

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization Employer identification number 57-0733767 EXCHANGE CLUB OF KIAWAH-SEABROOK OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.