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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

2010

nen to Public

Department of the Treasury Internal Revenue Service at the end of the year may use this form

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

Open to Public Inspection

3 c	heck if app	1010 calendar year, or tax year beginning 1914 (, 2010, and ending chicable C Name of organization D	Employer is	dentification number
_	Address ch			0942426
≓∵	lame chan		Telephone	
Ī 1	nıtıal retum		•	3-689-2874
= '	erminated	City or town, state or country, and ZIP + 4	Group Exe	
= '	mended n	etum 1112c 11-01 Cd 20976	Number	•
	 			if the organization is not
	Vebsite			tach Schedule B
-			•	90-EZ, or 990-PF).
_	heck ▶	if the organization is not a section 509(a)(3) supporting organization and its gross receipts are non		
		D-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instruction		
		etum, be sure to file a complete return.		
		5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (F	Part II.	
		mn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. ▶ 9	•
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in		
· ·	41 C L	Check if the organization used Schedule O to respond to any question in this Part I.		
_	1	Contributions, gifts, grants, and similar amounts received		9112
		Program service revenue including government fees and contracts	2	4615
	l.	Membership dues and assessments	. 3	55580
		Investment income	. 4	21
		Gross amount from sale of assets other than inventory 5a	· -	61
		Less: cost or other basis and sales expenses		
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	8
		Gaming and fundraising events	. 50	<u> </u>
		Gross income from gaming (attach Schedule G if greater than		
9		\$15,000)		
Revenue		Gross income from fundraising events (not including \$ of contributions		
ě		from fundraising events reported on line 1) (attach Schedule G if the		
Œ		sum of such gross income and contributions exceeds \$15,000) 6b		j
i		Less: direct expenses from gaming and fundraising events 6c		
		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr	act	
		line 6c)	. 6d	
	7a	Gross sales of inventory, less returns and allowances		<u> </u>
		Less: cost of goods sold		
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	1171
İ	8	Other revenue (describe in Schedule O) G. 4894 . Fee 9 +		2479
		Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		23(3
		Grants and similar amounts paid (list in Schedule O)	. 10	0
-		Benefits paid to or for members	11	
s		Salaries, other compensation, and employee benefits	. 12	0
38		Professional fees and other payments to independent contractors	. 13	2050
Expenses		Occupancy, rent, utilities, and maintenance	. 14	1015
X			. 15	3288
_	16	Printing, publications, postage, and shipping. Other expenses (describe in Schedule O). See attached	. 16	27870
				61809
_	18	Total expenses. Add lines 10 through 16	. 18	
as	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w	vith 10	4 छ ड
88		end-of-year figure reported on prior year's return)		71914
انت				
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)	. 20	C1847

Par	Check if the organization used Schedule		stion in this Part	1		
				ginning of year		(B) End of year
22	Cash, savings, and investments		7	19/2	22	75770
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			11914	25	79786
26	Total liabilities (describe in Schedule O)				26	
-27	Net assets or fund balances (line 27 of column		1)	71914	27	75780
Part	Statement of Program Service Accom- Check if the organization used Schedule					Expenses uired for section
Descr	is the organization's primary exempt purpose? the what was achieved in carrying out the organization rvices provided, the number of persons benefited, and			ner, describe	orgar 4947	c)(3) and 501(c)(4) nizations and section (a)(1) trusts; optional thers.)
28	See stracted sta	tement				
		0 -0 3 0 51			Ì	
	(Grants \$) If this amount	t includes foreign grants, ch	ook hara		28a	
29					204	
	(Grants \$) If this amount	includes foreign grants, ch	eck here	▶ □	29a	
30						
•	/					
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a	
	Other program services (describe in Schedule O)					
20	(Grants \$ O) If this amount	includes foreign grants, ch	eck here	· P 📮	31a	<u></u>
oz Part	Total program service expenses (add lines 28a IV List of Officers, Directors, Trustees, and Key	through 31a)			32	h = = - (== D = + D ()
ı aı ı	Check if the organization used Schedule	e O to respond to any ques	stion in this Part I	v	nsuud	uons for Fart IV.)
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0)	(d) Contribution employee benefit deferred compen	plans &	(e) Expense account and other allowances
	See Attached LIFF Of Directors			<u> </u>		
	of Divertory					
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Board of Directors (6/30/2011)

•	∠009)					Page 2
	Statement of Program Service Accom	plishments (See the instr	uctions for Part III	1.)]	Expenses
at	is the organization's primary exempt purpose?					ired for section
	ribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear ar	nd concise)(3) and 501(c)(4)
	organizations and section 4947(a)(1) trusts; optional					
	er, describe the services provided, the number of program title.	,,				(a)(1) trusis; opuonai hers.)
	· · · · · · · · · · · · · · · · · · ·				10.00	
28	SEE ATTACHED STATEMENT					
						
					1	
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a	
29	SEE ATTACHED STATEMENT				T	
					i i	
					1 .	
	(Grants \$) If this amount	includes foreign grants, che	nak ham	. ▶ 🗆	29a	
		includes loreign grants, chi	eck nere	<u>. </u>	236	
30	SEE ATTACHED STATEMENT				1 :	
-	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	vo.,				}	
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	30a	
31	Other program services (attach schedule)		· · · · · ·			,
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶□	31a	
	Total program service expenses (add lines 28a			•	32	
Pari			en if not compens	tad (See the		tions for Part (V)
- All	List of Officers, Directors, Trustees, and Tes	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense
	(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and
		devoted to position	enter -0)	deferred compe	nsation	other allowances
للنهلا	ennel	Brecident				
456-6	Hub Course DR, Hilton Head, SC 29928		0		0	0
र्वतात	s Fa ll	Vice-Personal				
1 Wo	od Duck CT., Hilton head, 6C 20928	Vice President	0		0	0
Jose	oh Carty					
	ryley Point Lone, Hilton Head, SC 29926	Treasurer	o		0	0
1	Courtgard Common	 				<u>_</u>
<u></u>		Director	•		ام	
	urray	 	0		0	0
296 8	eabrook Drive, Hilton Head, SC 29926	Director				
	······································		0		0	0
Clifto	n Jester	Secretary				
18 W	andering Daisy, Bluffton, SC 29910	Secretary	0		0	0
Don	erguson					
	nber Lane, Bluffton, SC 29910	Director President	o		0	0
Mike		17031001				_
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	ck Duck, Hilton head, SC 29928	· · · · · · · · · · · · · · · · · · ·	0		0	<u>o</u>
	e Lotz	Director	Į			1
	ve Oak Rd, Hilton head, SC 29928	Vice President	0		0	
Jim S	hufelt	Director	1			
Hilton	Head Island, SC 29926	Director	0	! 	0	
Joan	Deery					
5 Old	Fort Dr., Hilton Head, SC 29926	Director	ol		اه	-
	d Hauer					
	eath Court W., Hilton Head, SC 29928	Director	o		0	
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Form 990-EZ 2003

Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		5
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		V
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.			
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		1
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		V
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		0
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			<u> </u>
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1	ļ	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		:
b	section 4911 ▶; section 4912 ▶; section 4955 ▶ Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		ĺ	
D	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	,	0
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶			
42 a	The organization's books are in care of ▶ Located at ▶ Telephone no. ▶ ZIP + 4 ▶			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	No
	If "Yes," enter the name of the foreign country: ▶	42b		~
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	L	Y
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. I	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		/
c d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c 44d		× /
		1770	L	

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Corm	990-EZ	(2010)

_	4
Page	4

									Yes	No
45	ls any	y related organization a controlled er	tity of the orga	anization within the	mean	ing of sectio	n 512(b)(13)?	45		1
	-	he organization receive any payment				_				
		ning of section 512(b)(13)? If "Yes,"								1
		990-EZ (see instructions)						45a		س ا
		he organization engage, directly or in	ndirectly in no	litical campaign ac	trvities	on behalf of	or in apposition	100		<u> </u>
		andidates for public office? If "Yes,"	• • •	, ,				46	i	1/
			. •	·			· .		لــــا	
Part \		Section 501(c)(3) organizations 501(c)(3) organizations and section and 52, and complete the tables Check if the organization used Science Science 100 organization used Science 100 organizations 501(c)(3) organizations 501(c)(3) organizations 501(c)(3) organizations 501(c)(3) organizations and sections 501(c)(3) organizations and sections 501(c)(3) organizations and sections 501(c)(3) organizations and sections 501(c)(3) organizations 501(c)(3) organization 501(c)(3)	on 4947(a)(1) for lines 50 a	nonexempt char and 51.	itable	trusts mus	t answer questic	all sec ons 4	tion 7–49t	•
-									Yes	No
47	Did th	he organization engage in lobbying a	ctivities? If "Y	es." complete Sche	edule C	C. Part II .		47		V
		organization a school as described in					F	48		
		he organization make any transfers to						49a		1
		s," was the related organization a se	-		-			49b	\vdash	'
		plete this table for the organization's								d kov
		oyees) who each received more than								
	empi	oyees) who each received more than		Title and average		Compensation	(d) Contributions to			
	(a) Na	ame and address of each employee paid more than \$100,000		hours per week evoted to position		2011perisauori	employee benefit plans & deferred compensation	ac	Expenicount a r allowa	and .
		Name		orotod to poddori	+			OUTE	allowa	11000
		LVERIE			1					
					+			<u> </u>		
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								<u> </u>		
					1			i		
f	Total	number of other employees paid over	er \$100,000	•				•		
51	Comp	plete this table for the organization	s five highest	compensated inde	epende	ent contract	ors who each rec	eived	more	than
		,000 of compensation from the orga (a) Name and address of each independent co			чопе."	Ab) Tur	pe of service	(a) Ca	mpensa	
			nuactor paid mor			(0) 191	Je oi service	(6) 60	npense	
		None					Í			
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							1			
	Total	number of other independent control	otom coch m	soluing over \$100.0	100					
		number of other independent contra		•						
		he organization complete Schedule A xempt charitable trusts must attach :			anizatio	ons and 494	• • • • •] Yes		No
		of perjury, I declare that I have examined this r		· · · · · · · · · · · · · · · · · · ·	and eter	emente and to				
true, com	ect, an	d complete. Declaration of preparer (other than	officer) is based	on all information of which	ch prepa	rer has any kno	wledge.	ige and	2 DOIICI,	, 10 13
										
		1	On Ten			1	7/78/7	012	_	
Sign		Santage	my				11-11	V (L		
Here		Signature of officer	2 4			_	Date			
		Joseph J.	20014	- Treasu	91°e/	<u></u>				
	L_	Type or print name and titlé								
Paid		Print/Type preparer's name	Preparer's sign.	ature		Date	Check ☐ if	PTIN		
Prepa	irer					L	self-employed			
Use C		Firm's name ▶								
)nlv i	Time					Firm's EIN ▶			
	Only	Firm's address ▶					Firm's EIN ▶ Phone no.			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2010 OMB No. 1545-0047 2011

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

Nam	e of the organization	_					_	Employer is	dentification	number	
_	world 1	Affairs	Cauneil e	f H	Hou	Hear	3		7 09	42426	
			arity Status (All orga						instructio	ons.	
	_	•	ation because it is: (Fo		_		-	-	_	11/10-6	12
1			ches, or association of			ed in sec	tion 170	(b)(1)(A)(i	i).	11/10 ~ 6	4
2			170(b)(1)(A)(ii). (Atta								
_3			spital service organiza								
_4		search organizati me, city, and stat	on operated in conjun	ction with	h a hospi	tal descri	bed in se	ection 17	D(b)(1)(A)((iii). Enter the	
_5	☐ An organizati		the benefit of a colle	ge or un	iversity o	wned or	operated	i by a go	vemment	al unit described	in
6	`		mment or government	al unit de	socibad i	n coation	4706-16	43/43/			
7	An organizati	ion that normally	receives a substantia)(A)(vi). (Complete Pa	al part of					nit or from	the general pub	lic
8	☐ A community	trust described	in section 170(b)(1)(A)(vi). (Co	mplete Pa	art II.)					
9			receives: (1) more that				om contr	ihutione	mamhare	hin fees and are	ee
	receipts from	activities relate	d to its exempt funct	ions—su	biect to	certain e	ception:	s. and (2)	no more	than 331/s% of	its
			ent income and unre								
			after June 30, 1975. Se							,	
10			d operated exclusively					-	4).		
11			nd operated exclusive							or to carry out t	he
	purposes of	one or more pul	olicly supported organ	nizations	describe	d in sect	ion 509(a	a)(1) or se	ection 509	3(a)(2). See section	on
	509(a)(3). Ch	eck the box that	describes the type of	supportir	ng organi	zation an	d comple	ite lines 1	1e throug	h 11h.	
	a 🗌 Type I	b 🗆	Type II c	□ Туре	III-Funct	ionally in	tegrated		d 🔲	Type III-Other	
•	By checking	this box, I certify	that the organization	is not co	ntrolled o	directly or	indirecti	y by one	or more o	disqualified perso	ns
	other than for	undation manage	ers and other than one	e or more	e publicly	supporte	ed organ	izations c	lescribed	in section 509(a)	(1)
	or section 50										
f	If the organiz	zation received	a written determination	on from	the IRS	that it is	a Type	I, Type I	l, or Type	e III supporting	
		check this box									ר
<u>ç</u>	Since August	17, 2006, has t	he organization accep	oted anv	aift or c	ontributio	n from a	nv of the	1	•	_
	following pers			,	3			,			
_			ndirectly controls, eith	her alone	or toget	her with	nerenne	describer	d in (ii) an	d Yes No	_
			ody of the supported					acsonibed	, iii (ii) cu i		<u>-</u>
			on described in (i) abo	_						11g(i)	
			a person described in							11g(iii)	—
ł			ion about the support							[TISHW]	_
~ (0)	Name of supported	(6) EIN	(iii) Type of organization	,	nganization		ou notify	(vi)	e the	(vii) Amount of	_
	organization	1	(described on lines 1-9		sted in your document?	the organ		organizat	ion in col.	support	
			above or IRC section (see instructions))	governing	COCCURRENT	supr		(a) organiz	zed in the 5.7		
		•	,	Yes	No	Yes	No	Yes	No		
'A\											
A)											
D)											
B)					1						
		<u> </u>			 					-	
C)		1							ŀ		
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D)					1						
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E)		1] .	l		
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Part							
	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support						
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_†	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
_ 2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 -	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions by each—person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	-					
_	on B. Total Support			<u> </u>		L	
	idar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						•••
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on		:				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						· · · · · · · · · · · · · · · · · · ·
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the				-		
	organization, check this box and stop her			<u></u>	<u></u>		<u> </u>
	on C. Computation of Public Suppor						
14 -15	Public support percentage for 2011 (line 6 Public support percentage from 2010 Sch			1, column (f))		14	<u>%</u>
	331/x% support test—2011. If the organization				l line 14 is 331		heck this
	box and stop here. The organization qual	lifies as a publ	icly supported	organization			. ▶ □
b	331/a% support test-2010. If the organicheck this box and stop here. The organi					15 is 33 ¹ / ₃ %	or more, □
17a -	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts-	and-circumsta	nces" test, che	ck this box ar	d stop here. E	xplain in
b	10%-facts-and-circumstances test—20	110. If the oras	nization did no	ot check a hox	on line 13, 16	a. 16b. or 17a	
	15 is 10% or more, and if the organizat Explain in Part IV how the organization m supported organization	ion meets the eets the	facts-and-ci s-and-circumst	rcumstances" ances" test. Ti	test, check the organizatio	is box and stone of the state o	op here. a publicly . ► □
18	Private foundation. If the organization did	u not check a	oux on line 13,	10a, 16b, 17a	, or 170, chec	k this dox and	see

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 organizations)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qu	ialify under F	art II.
If the organization fails to qualify under the tests listed below, please complete Part II.)		

	If the organization fails to quality	under the te	ests listed bei	w, piease co	mpiete Part	II.)	
	on A. Public Support	4) 2007	1 21 2222		/ D 0040	() 2011	(A) T-1-1
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		27177	E 77 9000	102		
2	Gross receipts from admissions, merchandise		27135	57150	62.193		
	sold or services performed, or facilities						
	furnished in any activity that is related to the			4 D.>L9	. 6.21 3		
	organization's tax-exempt purpose			2342	1872		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
-4	Tax revenues levied for the				ı		ţ
	organization's benefit and either paid]]			
	to or expended on its behalf						<u> </u>
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5		29175	59492	64065		
7a	Amounts included on lines 1, 2, and 3				-		1
-	received from disqualified persons .		ļ				
_ b	Amounts included on lines 2 and 3				i		
-	received from other than disqualified						
_	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_ C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
<u>.</u>	line 6.)						<u> </u>
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6		27439	59492	64065		
10a			1				1
	payments received on securities loans, rents, royalties and income from similar sources.		85	26	91		
L	Unrelated business taxable income (less		0 3	- 25 4	21		
D	section 511 taxes) from businesses						
-	acquired after June 30, 1975						
	Add lines 10a and 10b		15	26	21		
11	Net income from unrelated business		4				
"	activities not included in line 10b, whether						
	or not the business is regularly carried on		1 1				
40	<u>-</u> ,						
12	Other income. Do not include gain or loss_from the sale of capital assets		[
_	(Explain in Part IV.)		430	0			
-13	Total support. (Add lines 9, 10c, 11,		770				ļ
	and 12.)		27650	59518	64086		
14	First five years. If the Form 990 is for the	e organizatio			or fifth tax ve	ar as a secti	on 501(c)(3)
	organization, check this box and stop her				-		▶ □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2011 (line 8			3, column (f))		15	%
16	Public support percentage from 2010 Sch					16	%
Secti	on DComputation of Investment Inc	come Perce	ntage				
17	Investment income percentage for 2011 (I			/ line 13, colum	nn (fl)	17	%
18	Investment income percentage from 2010					18	<u>%</u>
19a	331/2% support tests—2011. If the organi						
	17 is not more than 331/3%, check this box						
ь	331/a% support tests—2010. If the organiz		_	-		_	
- 5	line 18 is not more than 331/8%, check this b	oox and stop h	ere. The organiz	zation qualifies	as a publich s	ipported organ	nization 🕨 🗍
20	Private foundation. If the organization did						

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Net proceeds from book soles \$ 1872

ATTACHMENT TO: Form 990EZ 2010 – WORLD AFFAIRS COUNCIL OF HILTON HEAD

FORM 990EZ FOR FISCAL YEAR 2010 (July 1, 2010 – June 30, 2011)

Part I – Line 16 Other Expenses:

Total

\$27870

Admin: Bank fees: \$113, Member Support: \$2120, National Association: \$2670

Communications, equipment, software, web site: \$4988

Community Outreach Programs: \$1348

Speaker Expenses: \$16055

Part II – As we are on a cash basis, have no capital, no liabilities and no assets other than cash, we do not prepare a balance sheet. Although our fiscal year is from July 1 to June 30, we solicit dues for the following season starting in late April and the majority of our members pay in May or June. Therefore our cash position is highest at the end of our fiscal year.

Part III – Affiliated with the World Affairs Council of America, the purpose of the 800 member WACHH is to inform and educate its members and the wider community about foreign policy issues.

To accomplish these objectives, WACHH had two programs, Speakers and Outreach to the area community and schools.

The Speakers Program meets twice a month from October until May and offers WACHH members and their guests an extensive program on foreign affairs, economic and national security issues through presentations by foreign affairs practitioners, academicians, government, business and military leaders. In this fiscal year we had 14 such presentations. Attendance at these presentations averaged approximately 375 attendees. We were able to increase the capacity through a move to a new venue. The direct cost for these programs was \$16,055.

Outreach has two elements. The first is a High School effort in which volunteers from WAC conduct presentations and lead foreign affairs discussion groups at local high schools. WAC has minor direct costs associated with this effort. The second is a series of programs open to members and nonmembers. The summer sessions are based on the Great Decisions book purchased through the National Association. The Fall Forum

Part III lines 28 through 32. We have not received any grants this year.