



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **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 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2011**Open to Public  
Inspection**A For the 2011 calendar year, or tax year beginning , 2011, and ending ,**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending	<b>C</b> Name of organization <b>LOW COUNTRY RETIRED LAW ENFORCEMENT OFFICERS ASSOCIATION INC</b> Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>62 SEAFORD PL</b> City or town, state or country, and ZIP + 4 <b>BLUFFTON SC 29909-7110</b>	<b>D</b> Employer identification number <b>45-1771773</b>
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____	<b>E</b> Telephone number <b>(843) 705-7093</b>	<b>F</b> Group Exemption Number _____
<b>I</b> Website: <b>N/A</b>	<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
<b>J</b> Tax-exempt status (ck only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>K</b> Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.		

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 11,296.**

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

REVENUE	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>3,215.</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>1,150.</b>
	<b>4</b> Investment income	<b>4</b>	<b>2.</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	<b>6,929.</b>
<b>c</b> Less direct expenses from gaming and fundraising events	<b>6c</b>	<b>6,550.</b>	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	<b>379.</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>4,746.</b>	
EXPENSES	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	<b>1,000.</b>
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>884.</b>
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	<b>1,845.</b>
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>3,729.</b>
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>1,017.</b>	
ASSETS	<b>19</b> 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)	<b>19</b>	<b>0.</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>1,017.</b>

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

<b>Part II</b>	<b>Balance Sheets.</b> (see the instructions for Part II.)
----------------	--

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

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	0.	<b>22</b> 1,017.
<b>23</b> Land and buildings	0.	<b>23</b> 0.
<b>24</b> Other assets (describe in Schedule O)	0.	<b>24</b> 0.
<b>25</b> <b>Total assets</b>	0.	<b>25</b> 1,017.
<b>26</b> <b>Total liabilities</b> (describe in Schedule O)	0.	<b>26</b> 0.
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	0.	<b>27</b> 1,017.

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instrs for Part III.)
-----------------	--

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

What is the organization's primary exempt purpose? **FRATERNALISM AMONG MEMBERS, COMMUNITY AND LAW ENFORCEMENT**  
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

28	BENEVOLENT DONATION TO KEN SCOTT, GEORGIA LAW ENFORCEMENT OFFICER BATTLING CANCER AND NEEDING FINANCIAL ASSISTANCE WITH MEDICAL BILLS		
	(Grants \$ 1,000.) If this amount includes foreign grants, check here	28 a	1,000.
29			
	(Grants \$ ) If this amount includes foreign grants, check here	29 a	
30			
	(Grants \$ ) If this amount includes foreign grants, check here	30 a	
31	Other program services (describe in Schedule O)		
	(Grants \$ ) If this amount includes foreign grants, check here	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	1,000.

52	Total program service expenses (add lines 20a through 51a)		
<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (see the instructions for Part IV.)			

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

[illegible]

**Part V Other Information** (Note the Schedule A and personal benefit contract 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
<b>33</b> 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	<b>33</b>	X
<b>34</b> 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)	<b>34</b>	X
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	<b>35a</b>	X
<b>b</b> If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	<b>35b</b>	
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	<b>35c</b>	X
<b>36</b> 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	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.	<b>37a</b>	
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37b</b>	X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<b>38a</b>	X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b>	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations Enter	<b>39a</b>	
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> ; section 4912 <b>40a</b> ; section 4955 <b>40a</b>	<b>40a</b>	
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	<b>40b</b>	X
<b>c</b> 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 <b>40c</b>	<b>40c</b>	
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>	<b>40d</b>	
<b>e</b> 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	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed <b>41</b>	<b>41</b>	

**42a** The organization's books are in care of **42a** JOHN J PONTILLO Telephone no **42a** (843) 705-7093  
 Located at **42a** 62 SEAFORD PL BLUFFTON SC ZIP + 4 **42a** 29909-7110

	Yes	No
<b>b</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)? If 'Yes,' enter the name of the foreign country <b>42b</b>	<b>42b</b>	X
<b>c</b> 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 <b>42c</b>	<b>42c</b>	X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here **43** ☐ and enter the amount of tax-exempt interest received or accrued during the tax year

	Yes	No
<b>44a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<b>44a</b>	X
<b>b</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	<b>44b</b>	X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>	X
<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	<b>45a</b>	X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	<b>45b</b>	X

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
<b>46</b>		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
<b>47</b>		

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

<b>48</b>		
-----------	--	--

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

<b>49a</b>		
------------	--	--

**b** If 'Yes,' was the related organization a section 527 organization?

<b>49b</b>		
------------	--	--

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**e** Total number of other employees paid over \$100,000 **▶** \_\_\_\_\_

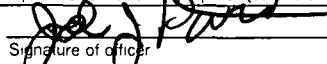
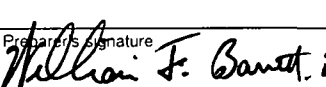
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**e** Total number of other independent contractors each receiving over \$100,000 **▶** \_\_\_\_\_

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

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

<b>Sign Here</b>	Signature of officer 		Date <b>5-14-12</b>	
	JOHN J. PONTILLO		TREASURER	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature 	Date <b>5/14/2012</b>	Check <input checked="" type="checkbox"/> if self-employed PTIN <b>P00685485</b>
	Firm's name ▶	WILLIAM F. BARRETT III CPA LLC		
	Firm's address ▶	15 FORDING COURT BLUFFTON SC 29910-9583		
	Firm's EIN ▶	84-1679845		
			Phone no	(843) 683-1126

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

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.**

2011

**Open to Public Inspection**

Name of the organization

Employer identification number

LOW COUNTRY RETIRED LAW ENFORCEMENT OFFICERS ASSOCIATION INC

45-1771773

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

TEEA4901 07/14/11

Schedule O (Form 990 or 990-EZ) 2011

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

**Form 990-EZ, Part I, Line 16 Other Expenses**

Other expenses (describe in Schedule O)

CATERING, MEALS AND ENTERTAINMENT	669.
PURCHASE OF RECOGNITION PLAQUES	1,140.
MEETING EXPENSES	36.

Total	1,845.
-------	--------

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

Purpose of Payment

BENEVOLENCE

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
DONATION	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> KEN SCOTT	NOT RELATED	
	GA		1,000.

If property other than cash was given, the following additional information needs to be provided.

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

**Supporting Statement of:**

Form 990-EZ/Line 1

Description	Amount
CONTRIBUTIONS FOR RECOGNITION PLAQUES	3,215.
Total	<u>3,215.</u>

**Supporting Statement of:**

Form 990-EZ/Line 3

Description	Amount
DEFERRED DUES RECEIVED IN 2009	310.
DEFERRED DUES RECEIVED IN 2010	100.
DUES RECEIVED IN 2011	740.
Total	<u>1,150.</u>

**Supporting Statement of:**

Form 990-EZ/Line 4

Description	Amount
INTEREST INCOME DEFERRED FROM 2010	1.
INTEREST INCOME IN 2011	1.
Total	<u>2.</u>

**Supporting Statement of:**

Form 990-EZ/Line 6b

Description	Amount
RAFFLE TICKET SALES DEFERRED FROM 2010	57.
RAFFLE TICKET SALES IN 2011	6,872.
Total	<u>6,929.</u>

**Supporting Statement of:**

Form 990-EZ/Line 6c

Description	Amount
GOLF CART FOR RAFFLE	6,550.



Continued

**Supporting Statement of:**

Form 990-EZ/Line 6c

Description	Amount
Total	<u>6,550.</u>

**Supporting Statement of:**

Form 990-EZ/Line 15

Description	Amount
BANK SERVICE CHARGES	46.
PRINTING AND COPYING	238.
OFFICE SUPPLIES	479.
SUPPLIES DEFERRED FROM 2010	40.
SUPPLIES DEFERRED FROM 2009	81.
Total	<u>884.</u>