

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)

Sponsonng 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 2	2011 calenda	ar year, or tax year beginning February , 2011,	and ending	Jar	nuary 3	1 , 20 12		
В	Check if app	plicable	C Name of organization		D Emple	Employer identification numbe			
	Address ch	nange	nge Charleston County Bar Association			57-0560167			
\Box	Name char					hone nur	nber		
H	Initial return		PO Box 21136			843	-881-6666		
H	Terminated Amended r		City or town, state or country, and ZIP + 4		F Grou	p Exem	ption		
Ħ	Application		Charleston, SC 29413		E .	ber 🕨	•		
G		ing Method	✓ Cash	н	Check	► 	the organization is not		
	Website	•	.charlestoncountybar.org				ch Schedule B		
J 1	Гах-ехет	pt status (che	eck only one) — ✓ 501(c)(3)	527			EZ, or 990-PF)		
	Check ▶		e organization is not a section 509(a)(3) supporting organization or a section	527 organizati	on and it	s gross	receipts are normally		
			0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e	_		_			
			ses to file a return, be sure to file a complete return.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,				
L	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more,	or if total asset	s (Part II,				
t	ine 25, cc	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$			
	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balanc	es (see the	instruc	tions	for Part I.)		
			the organization used Schedule O to respond to any question	•			•		
	1		ons, gifts, grants, and similar amounts received			1	· · · · · <u>· · · · · · · · · · · · · · </u>		
	2		ervice revenue including government fees and contracts			2			
	3	=	ip dues and assessments			3	182605.00		
	4	Investment			• •	4	102000.00		
	5a		bunt from sale of assets other than inventory 5a	1					
			or other basis and sales expenses						
	all c		ss) from sale of assets other than inventory (Subtract line 5b from I	ine 5a)		5c			
	6	Gaming an							
	a	_							
ā	1		ome from gaming (attach Schedule G if greater than	1					
Revenue	Eb			Contribution	26				
Š			aising events reported on line 1) (attach Schedule G if the	Continuation	13				
Œ	1		th gross income and contributions exceeds \$15,000) 6b	i					
	c		et expenses from gaming and fundraising events 6c						
	ď		e or (loss) from gaming and fundraising events	l 1 6b and su	htract	i i			
	•	line 6c)		ob and su	Diract	6d			
	7a	•	s of inventory, less returns and allowances 7a	1		00			
	b		of goods sold						
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a) .	L		7c			
	8		nue (describe in Schedule O)	· · · ·	· ·	8	· · · · · · · · · · · · · · · · · · ·		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	IVED		9	182605.00		
_	10			1	0	10	25000.00		
	11		, , , , , , , , , , , , , , , , , , , ,	RS-OSC	11	23000.00			
Ø			aid to or for members	S-(12				
Se	13		al fees and other payments to independent contractors	œ ·	13				
Expenses	14		y, rent, utilities, and maintenance		14	999,09			
	15		ublications, postage, and shipping	≟ .	15	12704.86			
	16		enses (describe in Schedule O)		16				
	17				17	96746.05 135450.00			
Net-Assets	10	Evener	enses. Add lines 10 through 16	· · · · ·		18	47104.00		
	19			10	47104.00				
	'		s or fund balances at beginning of year (from line 27, column (A) ar figure reported on prior year's return)			40	E7022 02		
	20					19	57022,03		
Š	21		nges in net assets or fund balances (explain in Schedule O)			20	104126.20		
<u></u>					. •	21	Form 990-EZ (2011)		
ro	r rapeiv	NOTE HEAUCT	ion Act Notice, see the separate instructions. Cat	No 10642I			rorm 330-EL (2011)		

Form 990-EZ (2017)	orm	99Û-EZ	2(201	7)	•
--------------------	-----	--------	-------	----	---

Page 2

Pa	t II Balance Sheets. (see the instructions	for Part II.)				<u>-</u>
	Check if the organization used Schedule	O to respond to ar	ny question in this			<u> 🗅</u>
			L	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			57022.03	22	104126.20
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets	· · · · · · ·		57022.93		104126.20
26	,	(5)			26	
27 Par	Net assets or fund balances (line 27 of column			57022.03	27	104126.20
Fair	•	. ,		,		Expenses
Mha	Check if the organization used Schedule is the organization's primary exempt purpose?	see below	ny question in this	Part III		quired for section (c)(3) and 501(c)(4)
						(C)(3) and 501(C)(4) Inizations and section
as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the			494	7(a)(1) trusts, optional others.)
28	To provide information & programs to Bar members	to enable themto cor	ntinue to provide the	highest level of		
	competent and ethical representation to the citizens			ransact		
	business, live & work in our communities, continuin	- 7-7				
	<u> </u>	includes foreign gra	nts, check here .	<u> ▶ □</u>	28a	25000.00
29	See attached	••••••				
	•••••					
	72					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ ⊔</u>	29a	·
30		••••••				
				·		
	(Grants \$) If this amount	includes foreign are	enta chook hara		 30a	
31	Other program services (describe in Schedule O)	includes foreign gra		<u> </u>	308	
01		includes foreign gra		▶ □	 31a	,
32	Total program service expenses (add lines 28a				32	-
Par						
	Check if the organization used Schedule					
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ benefit plans, and	ee (e)	
			(if not paid, enter -0-)	deferred compensation	n	
	ert Bernstein	President	_			_
	30x 20519	· 	-0-	-1	0-	-0-
Nort	h Charleston, SC 29415					
Lade	on Howell	1			+	
	Office Box 1896 Mt.	Vice President	-0-		0 -	-0-
	sant, SC 29465				+	····
		·				
Julia	nne Holzel	Secretary/Treasure				
PO E	3ox 21136	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	D-	-0-
Cha	leston, SC 29413					
	-					
		.				
		ļ			\perp	
		ļ		ļ	4-	
		1	l .	1		

Part \	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	e	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		<u>v</u>	Ø
00	Did the second to the IDCO IS "Even I see it is not a second to the IDCO IS "Even II see it is		Yes	No
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
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		✓
35 _a	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)?	35a		1
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	35b		√
С	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	35c		1
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 27a	l		
b	Did the organization file Form 1120-POL for this year?	37b	ļ	✓
38a	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? .	38a		✓
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			·
a b	Gross receipts, included on line 9, for public use of club facilities	ł		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		1
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	ļ		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			ŀ
	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	ļ	1
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			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	İ		
	transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed. ▶			
42a	The organization of books are in our or or organization of the state o		1-666	6
_	Located at ► 1357 Chrismill Lane, Mt. Pleasant, SC ZIP + 4 ►	29 	466	T 81 -
þ	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)?	42b	Yes	No.
	If "Yes," enter the name of the foreign country: ▶	720	<u> </u>	-
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			,
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	✓
40	If "Yes," enter the name of the foreign country: ► 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		•	
	and office the amount of tax oxompt interest reserved of aborded during the tax year.	-	Yes	No
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		1
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		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c	+	V
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		†	
_	explanation in Schedule O	44d	1	/
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	_	1
45b	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)	45h		1

Form 99	Ò-EZ*(2	01†)						Page 4	
46	Did to	ne organization engage, directly or in andidates for public office? If "Yes,"	ndirectly, in political c	ampaign activities o	on behalf of o	or in opposition	46	Yes No	
Part \	VI	Section 501(c)(3) organizations 501(c)(3) organizations and secti and 52, and complete the tables	and section 4947 on 4947(a)(1) none for lines 50 and 51	(a)(1) nonexempt cempt charitable t	t charitable rusts must	trusts only. A answer questi	All sec		
		Check if the organization used Sci	nedule O to respond	to any question in	this Part VI	<u> </u>	· ·	Yes No	
47 48 49a	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								
ь 50	Did the organization make any transfers to an exempt non-charitable related organization?								
	(a) N	ame 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-MISO	contributions benefit plans			ed amount of npensation	
•••••									
f 51	Com	number of other employees paid ov plete this table for the organization ,000 of compensation from the orga	s five highest compe		nt contractor	s who each red	eived	more tha	
(a)	Name a	and address of each independent contractor pa	id more than \$100,000	(b) Type of s	ervice	(c) Con	pensat	ion	
none									
			•••••						
							•		
d 52	Did t	number of other independent contra he organization complete Schedule / xempt charitable trusts must attach	A? Note : All section 5	i01(c)(3) organizatio	. ▶ ns and 4947(Yes	s □ No	
	enalties	of penjury, I declare that I have examined this documented Declaration of preparer (other than	return, including accompan	lying schedules and state	ments, and to th	e best of my knowle			
		1 Seller H	olsel			6/6/	12		
Sign Here		Signature of officer Type or print name and title	012el -	Sec/TREA	Da	ate , , , ,	-		
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature		Date	Check if self-employed	PTIN		
Use (Firm's name ▶			Fir	m's EIN ▶			
May +h	100	Firm's address ► discuss this return with the prepare	r shown shows? See	instructions	Ph	one no	7 7.	, <u> </u>	
iviay li	ie ino	discuss this return with the prepare	PROMIL SPONE (266	manuchons	·. · · ·	<u>. P</u> [<u>_ Yes</u>	s ∐ No	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection

Employer identification number

Charleston County Bar Association	57-0560167
10. \$10,000.00 donated to Charleston County Pro Bono Services	
\$15,000,00 donated to Heirs Property Preservation	
16. Other Expenses	
\$28,239.48 - 2011 Annual Meeting	
\$10,000.00 - 2012 Annual Meeting	
\$260.00 - Bulk Mail Fees/ PO Rental	
\$169.30 - Bank Service Charges	•••••

\$1500.00 - Lowcountry Housing Trust - sponsorship of race sponsored by Charleston School of Law	
\$200.00 - Memorials	
\$6,472,24 - Judges' Receptions	
\$15,773.11 - Holiday Party for members	
\$7,725.75 - Petigru Award and Reception	
\$1119,37 - Lawyers' Basketball League	
\$650.00 - Liability Insurance	
\$7,099.28 - Website/E-blast maintenance	
\$5,406.31 - Free Continuing Education Seminars	
\$1,000.00 - Special Events	
\$157.35 - Checks	
\$707.51 - Senior Lawyers Luncheon	
\$266.35 - Charleston School of Law Student Luncheon	
TOTAL - \$96,746.05	